


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90046 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000101113

1. Corporation Name

BUCKHORNS CREEK DEVELOPMENT, INC.

Principal Place of Business 5041 DORMAN PLACE CALLAHAN FL 32011	Mailing Address 5041 DORMAN PLACE CALLAHAN FL 32011
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5041 DORMAN PLACE Suite, Apt. #, etc.		2a. Mailing Address 26 5041 DORMAN PLACE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/04/1998	
22 City & State 23 CALLAHAN FL Zip Country 24 32011 25 NASSAU		27 City & State 28 CALLAHAN FL Zip Country 29 32011 30 NASSAU		4. FEI Number 59-3547113 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MIZELL, JEAN H
5041 DORMAN PLACE
CALLAHAN FL 32011

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN H. MIZELL	1.2 NAME	
STREET ADDRESS	5041 DORMAN PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN, FL 32011	1.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLYDE JULIAN MIZELL	2.2 NAME	
STREET ADDRESS	P.O. DRAWER 5011	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN, FL 32011	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY STEPHEN MIZELL	3.2 NAME	
STREET ADDRESS	1765 HODGES ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN, FL 32011	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL DAVID MIZELL	4.2 NAME	
STREET ADDRESS	1880 HODGES ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN, FL 32011	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER SCOTT MIZELL	5.2 NAME	
STREET ADDRESS	5066 DORMAN PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN, FL 32011	5.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER DORMAN MIZELL	6.2 NAME	
STREET ADDRESS	5041 DORMAN PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN, FL 32011	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN H. MIZELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99
Date
904/879-3727
Daytime Phone #