


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

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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 256664 (4)			
1. Corporation Name BUCK BUILDERS INC			
Principal Place of Business PO BOX 0050 1709 ST JOHNS BLUFF ROAD JACKSONVILLE FL 32239		Mailing Address PO BOX 0050 1709 ST JOHNS BLUFF ROAD JACKSONVILLE FL 32239-0050	
2. Principal Place of Business 21 PO BOX 350117 Suite, Apt. #, etc. 22 City & State 23 Zip 24 32235		2a. Mailing Address 26 PO BOX 350117 Suite, Apt. #, etc. 27 City & State 28 Zip 29 32235	
3. Date Incorporated or Qualified 03/07/1962		3a. Date of Last Report 04/26/1996	
4. FEI Number 59-0948864		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WHATLEY, CATHERINE B. 1709 ST. JOHNS BLUFF ROAD JACKSONVILLE FL 32225		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		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	
1.1 TITLE PD 1.2 NAME WHATLEY, FRED J. 1.3 STREET ADDRESS 1709 ST. JOHNS BLUFF RD. 1.4 CITY-ST-ZIP JACKSONVILLE FL		1.1 TITLE PD 1.2 NAME WHATLEY, FRED J. 1.3 STREET ADDRESS 1709 ST. JOHNS BLUFF RD. 1.4 CITY-ST-ZIP JACKSONVILLE, FL	
2.1 TITLE SD 2.2 NAME WHATLEY, CATHERINE B. 2.3 STREET ADDRESS 1709 ST. JOHNS BLUFF RD. 2.4 CITY-ST-ZIP JACKSONVILLE FL		2.1 TITLE STD 2.2 NAME WHATLEY, CATHERINE B. 2.3 STREET ADDRESS 1709 ST. JOHNS BLUFF RD. 2.4 CITY-ST-ZIP JACKSONVILLE, FL	
3.1 TITLE VPD 3.2 NAME BUCK, MYL L 3.3 STREET ADDRESS 1922 HOLLY OAKS RAVINE D 3.4 CITY-ST-ZIP JACKSONVILLE FL		3.1 TITLE VPD 3.2 NAME BUCK, JAMES O. 3.3 STREET ADDRESS 1922 HOLLY OAKS RAVINE D 3.4 CITY-ST-ZIP JACKSONVILLE, FL	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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.			
SIGNATURE: Catherine B. Whatley		04/16/97 (904)641-9466	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)