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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name
BUCK BUILDERS INC

1998

(4)

FILED							
Apr	14	1998	8:00am				
Se	cre	tary o	f State				



Principal Place	of Business	Mailing Address				ten deser anser afdie Erder Arder esat.
P.O. BOX 350117 1709 ST JOHNS BLUFF ROAD JACKSONVILLE FL 32235		P.O. BOX 350117 1709 ST JOHNS BLUFF ROAD JACKSONVILLE FL 32235		DO NOT WRITE IN THIS SPACE		
U\$ US					3. Date Incorporated or Qualified	
					03/07/1962	
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Suite Act # etc		Suite, Apt. #, etc.	Suite And # pto		59-0948864	Not Applicable
Suite, Apt. #, etc.		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	
Zip	Country	Zip	Coun	itry	8. This corporation owes or has paid th	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		**1	10. Name and Address of New Regist	ered Agent
	HATLEY, CATHERINE B.		l'	81 Name		
	09 ST. JOHNS BLUFF ROAD		1	82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
JA	CKSONVILLE FL 32225		<u> </u>	•		
]	83		
			1	84 City		85 Zip Code
11 Durement	to the provisions of Sections 607.060	2 and 607 1508 Florida Stal	tutes the ab	Ove-pamod oc	proceeding submits this statement for the nurs	CL changing its registered
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida Such change wa ations of, Section 607.0505,	s authorized Florida Statu	by the corpor ites.	orporation submits this statement for the purp- ration's board of directors. I hereby accept th	e appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable //ti	IOTE - Denietared	Agent signature rec	guired when reinstating)	ATE
12.	OFFICERS ANI		13.	r gont angelator o rac	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PO	☐ DELETE	1.1 TITE	Æ		☐ Change ☐ Addition
NAME	WHATLEY, FRED J.		1.2 NA	VIE		
STREET ADDRESS	1709 ST. JOHNS BLUFF RD.	,	1.3 STR	REET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CIT	Y-ST-ZIP		
TITLE	STD	DELETE	2.1 TITI	LE		Change Addition
NAME	WHATLEY, CATHERINE B.		2.2 NAM	AE [
STREET ADDRESS	1709 ST.JOHNS BLUFF RD.		2.3 STR	IEET ADDRESS		
CATY-ST-2IP	JACKSONVILLE FL			Y-ST-ZIP	• .	
TITLE	VPD IAMES O	☐ DELETE	3.1 TITU			Change Addition
NAME	BUCK, JAMES O	n	3.2 NA)	· 1		
STREET ADDRESS	1922 HOLLY DAKS RAVINE (JACKSONVILLE FL	V		EET ADDRESS		
CITY-ST-ZIP TITLE	OVOUSOUARTE LT	DELETE	3.4. CIT 4.1 TITL	Y-ST-ZIP		Change Addition
NAME						Change Change
STREET ADDRESS			4. 2 NA	ME BEET ADDRESS		į
				Y-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TiTe			Change Addition
NAME			5.2 NAA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 THI			Change Addition
NAME			6.2 NA			
STREET ADDRESS				EET ADDRESS		1
CITY-ST-ZIP				Y-ST-21P		
	ertify that the information supplied w	ith this filing does not qualify			in Section 119 07(3)(i) Florida Statutes, I furth	per certify that the information

Thereby certify that the information supplied with this filling 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 supplied with that it 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:

904.6419466