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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

409071

(8)

BUC+II	NN, INC.	Mailing Address						
HNY. 100. W. RT. 1.BOX 8270 PALATKA FL 32177		HWY. 100. W. RT. 1.80X 8270 PALATKA FL 32177		3. Date incorporated or Qualified 3a. 09/19/1972		Date of Last Report 03/23/1995		
	10	2a. Mailing Address			4, FEI Number			plied For
2. Principa' Place 1	of Brisiness	26			59-1498699			t Applicable
Suite, Apt. #, 6		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
		27			6. Election Campaign Financing		\$5.00	
City & State		Oity & State			Trust Fund Contribution		Added	
<u> </u>	Country	7(1)	T Country		8. This corporation has lability for	intangible	tax under s 1	99.032,
Zip ⊒T	25	29	30		Florida Statutes X Yes	☐ No		
1	9. Name and Address of Curre				10. Name and Address of New F	legistere	d Agent	
			81	Name				
BUCKLES, LEON P. O. BOX 1198 HIGHWAY 20 W INTERLACHEN FL			82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
			60					
			83				 , ,	
			84	City		F	85 Zip	Code
or registered								
familiar with,	, and accept the obligations of, So		vite Registras Air		ration submits this statement for the purify of directors. Thereby accept the approximation (with removing)	DATE		
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I do hereby certify that the information supplied with this filing is voluntally turnished and does not quality by the templant state information supplied with this filing is voluntally filed and does not quality that the information inclicated on this a inual report or supplied entail annual report is true and accurate and that my signature stall have the same legal effect as if made under certify that the information inclicated on this annual report is true and accurate and that my signature stall have the same legal effect as if made under certify that the information inclicated on this annual report is true accurate this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da¢me Phone ≠