FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **525266** **(3)**

1. Corporation Name

BUCK'S GULF SERVICE, INC.

Principal Place of Business	Mailing Address
200 KINGS RD. P.O.BOX 396 HILLIARD FL 32046	200 KINGS RD. P.O.BOX 396 HILLIARD FL 32046

3. Date Incorporated or Qualified: **02/07/1977**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **59-1834670** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

- **BUCHANAN,DAVID HUCKS, JR.**
- **310 PINE ST.**
- **HILLIARD FL 32046**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	BUCHANAN, DAVID H., JR.		1.2 NAME	BUCHANAN DAVID W.	
STREET ADDRESS	310 PINE ST.		1.3 STREET ADDRESS	501 FOURTH STREET	
CITY-ST-ZIP	HILLIARD FL		1.4 CITY-ST-ZIP	HILLIARD, FL	
TITLE	VD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STOKES,RICHARD J.		2.2 NAME		
STREET ADDRESS	206 CYPRESS ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HILLIARD FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BUCHANA,MARTHA L.		3.2 NAME		
STREET ADDRESS	310 PINE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HILLIARD FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUCHANAN,MARTH AL.		4.2 NAME		
STREET ADDRESS	310 PINE ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HILLIARD FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	700001847367	☐ Change ☐ Addition
NAME	BUCHANAN,SARA A.		5.2 NAME	-06/03/96--01024--036	
STREET ADDRESS	310 PINE ST.		5.3 STREET ADDRESS	***225.00	
CITY-ST-ZIP	HILLIARD FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BUCHANAN,DAVID W.		6.2 NAME	6-1-96	
STREET ADDRESS	501 FOURTH ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	HILLIARD FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: David H. Buchanan, Jr. Pres. — Date: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone Number: _____

CR2E034 (12/95)