

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 525392 (7)

1. Corporation Name

D.H. BUCHANAN OIL COMPANY, INC.

Principal Place of Business

PO BOX 396
HILLIARD FL 32046
US

Mailing Address

PO BOX 396
HILLIARD FL 32046
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/08/1977

3a. Date of Last Report
08/11/1994

4. FEI Number
59-1834671

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. 193.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**BUCHANAN, DAVID HUCKS JR.
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

Typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUCHANAN, D. H. JR.
STREET ADDRESS	310 PINE ST.
CITY, ST, ZIP	HILLIARD FL
TITLE	VD
NAME	BUCHANAN, D. W.
STREET ADDRESS	501 4TH ST.
CITY, ST, ZIP	HILLIARD FL
TITLE	S
NAME	BUCHANAN, MARTHA L.
STREET ADDRESS	310 PINE ST.
CITY, ST, ZIP	HILLIARD FL
TITLE	D
NAME	BUCHANAN, MARTHA
STREET ADDRESS	310 PINE ST.
CITY, ST, ZIP	HILLIARD FL
TITLE	D
NAME	BUCHANAN, SARA A.
STREET ADDRESS	310 PINE ST.
CITY, ST, ZIP	HILLIARD FL
TITLE	D
NAME	BUCHANAN, IVOR G.
STREET ADDRESS	503 4TH ST.
CITY, ST, ZIP	HILLIARD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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, of my assignment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W. BUCHANAN

4/10/95

(904)945-3550