

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 533520

(3)

1. Corporation Name

BUCK THOMAS, INC.



Principal Place of Business

1195 KAPP DRIVE
CLEARWATER FL 34625

Mailing Address

2049 NURSERY RD.
CLEARWATER FL 34624
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

THOMAS, EDWIN B.
1195 KAPP DRIVE
CLEARWATER FL 34625

3. Date Incorporated or Qualified

05/11/1977

3a. Date of Last Report

04/28/1995

4. FID Number

59-1753902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Finance (eg
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

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 officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this report

Date of report (See instructions for date format)

Date of report (See instructions for date format)

12. OFFICERS AND DIRECTORS

1. TITLE	STD	☐ DELETE
2. NAME	THOMAS, ELIZABETH	
3. STREET ADDRESS	1195 KAPP DR	
4. CITY, ST, ZIP	CLEARWATER, FL 00000	
5. TITLE	PO	☐ DELETE
6. NAME	THOMAS, EDWIN B	
7. STREET ADDRESS	1195 KAPP DR	
8. CITY, ST, ZIP	CLEARWATER, FL 00000	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is verifiably true and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. Further, I certify that the information indicated on this annual report or supplemental financial 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 holder of business ownership. I do 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 attached form with a signature.

SIGNATURE:

Elizabeth H Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 813 443 4608
Date of report (See instructions for date format)

CR2E034 (12/95)