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

May 07 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (1) **BUCHANAN MANAGEMENT COMPANY** Principal Place of Business Mailing Address 317 RIVEREDGE BLVD. 317 RIVEREDGE BLVD. PO BOX 2148 PO BOX 2148 DO NOT WRITE IN THIS SPACE **COCOA FL 32922** COCOA FL 32922 3. Date Incorporated or Qualified 08/01/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 26 59-2050100 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional XX 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country ZiD Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOUGHTON, WELBY E. <u>BUCHANAN MARK S.</u> 317 RIVEREDGE BLVD Street Address (P.O. Box Number is Not Acceptable)
375 COMMERCE PARKWAY 82 RIVER PLAZA 83 COCOA FL 32922 SUITE 201 84 32955 ROCKLEDGE 508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered tion 601 0505, Florida Statutes. Pursuant to the provision of Sections 607.0502 and 600 office or registered agent for both, in the State of Florida agent. I am familiar with and acree it the obligations of SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE 1.1 TITLE Change TITLE BOUGHTON, WELBY E BOUGHTON, WELBY E. 375 COMMERCE PARKWAY SUITE 201 ROCKLEDGE FLORIDA 32955 NAME 1.2 NAME CR2E034 3873 S BANANA RIVER BLVD STREET ADDRESS 1.3 STREET ADDRESS COCOA BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE ☐ Addition 2.1 TITLE TITLE NAME BUCHANAN, GAIL D 2.2 NAME BUCHANAN GAIL D. 3775 S TROPICAL TRAIL 375 COMMERCE PARKWAY SUITE 201 STREET ADDRESS 2.3 STREET ADDRESS MERRITT ISLAND FL ROCKLEDGE FLORIDA 32955 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME BUCHANAN MARK S. 375 COMMERCE PARKWAY SUITE 201 3.3 STREET ADDRESS STREET ADDRESS ROCKLEDGE FLORIDA 32955 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TOLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing 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:

**FILED** 

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