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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 728671 (9)

1. Corporation Name
BUCKHORN CREEK, INC.

Principal Place of Business	Mailing Address
P.O. BOX 60 BRANDON FL 33511 US	P.O. BOX 60 BRANDON FL 33511 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1974
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-1672167 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REHOR, RONALD
3213 DOE CT.
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name: JEFFREY CARP
82 Street Address (P.O. Box Number is Not Acceptable): 911 BUCK CT
83
84 City: BRANDON FL FL 85 Zip Code: 33511

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	JEFFREY CARP. D	☒ Change ☐ Addition
NAME	RENOR, RONALD	1.2 NAME		
STREET ADDRESS	3213 DOE CT.	1.3 STREET ADDRESS	911 BUCK CT	
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	BRANDON, FL D	
TITLE	VP	2.1 TITLE	DAVID BYRD	☒ Change ☐ Addition
NAME	KARP, JEFF	2.2 NAME		
STREET ADDRESS	911 BUCK CT.	2.3 STREET ADDRESS	903 BUCK CT	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	BRANDON FL 33511 D	
TITLE	T	3.1 TITLE	MELISSA POAGE	☐ Change ☐ Addition
NAME	POAGE, MELISSA	3.2 NAME		
STREET ADDRESS	3113 CREEK GLEN	3.3 STREET ADDRESS	3113 CREEK GLEN	
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	BRANDON, FL 33511 D	
TITLE	S	4.1 TITLE	R. FERNANDEZ D	☒ Change ☐ Addition
NAME	CHANDLER, MALCOLM	4.2 NAME		
STREET ADDRESS	3207 ELK CT.	4.3 STREET ADDRESS	3217 ELK CT	
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	BRANDON FL 33511 D	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	# Deposited by Bank	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

006(033