FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:05

DOCUMENT # 752692 (4)

1. Corporation Name

FLORIDA BUCKSKIN ASSOC. INC.

Principal Place of Business	Mailing Address
RT. 1, BOX 332 ALACHUA FL 32615	RT. 1, BOX 332 ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2380739 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status 6.25 See Block 17 **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CERNY, MARY A.
540 NE 62ND TERR.
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name: Lisa W. McQuagge
82 Street Address (P.O. Box Number is Not Acceptable): 6321 NW 187th Terrace
83: Rt 4 Box 318
84 City: Alachua **FL** 85 Zip Code: 32615

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: Lisa W. McQuagge DATE: 3/13/95
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	PV	1.1 TITLE	~~Vice President~~ PV	☒ Change ☐ Addition
NAME	HORNSBY, KATHLEEN	1.2 NAME	Erin Munz	
STREET ADDRESS	175 SW 21 C RD.	1.3 STREET ADDRESS	P.O. Box 281 N/A	
CITY-ST-ZIP	ARCHER FL	1.4 CITY-ST-ZIP	Oxford, FL 32684	
TITLE	D	2.1 TITLE	~~Secretary~~ S	☒ Change ☐ Addition
NAME	PRYOR, FRASIER SONDRA	2.2 NAME	Michele Walls	
STREET ADDRESS	4015 VAN FLEET RD.	2.3 STREET ADDRESS	5770 Lake Lizzie Dr	
CITY-ST-ZIP	POLK CITY FL	2.4 CITY-ST-ZIP	St Cloud, FL 34771	
TITLE	P	3.1 TITLE	~~Treasurer~~ T	☒ Change ☐ Addition
NAME	KELLEY, KAY	3.2 NAME	Lisa McQuagge	
STREET ADDRESS	RT. 1, BOX 332, NW 16TH ST.	3.3 STREET ADDRESS	Rt 4 Box 318, 6321 NW 187th Terr	
CITY-ST-ZIP	ALACHUA FL	3.4 CITY-ST-ZIP	Alachua, FL 32615	
TITLE	D	4.1 TITLE	Rob Robinson, ~~Director~~ D	☐ Change ☒ Addition
NAME	MYLES, CHERYL	4.2 NAME		
STREET ADDRESS	P. O. BOX 3029 N/A	4.3 STREET ADDRESS	P.O. Box 6324 N/A	
CITY-ST-ZIP	HOMOSASSA SPGS. FL	4.4 CITY-ST-ZIP	Ocala, FL 34478	
TITLE	T	5.1 TITLE	~~Director~~ D	☐ Change ☒ Addition
NAME	CERNY, MARY A.	5.2 NAME	Ray Scopano	
STREET ADDRESS	540 NE 62ND TERR.	5.3 STREET ADDRESS	4428 Tevaco Dr.	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Valrico, FL 33594	
TITLE	D	6.1 TITLE	~~Director~~ D	☐ Change ☒ Addition
NAME	WESTON, MERRY	6.2 NAME	Pat Williams	
STREET ADDRESS	9221 N.W. 12TH PL.	6.3 STREET ADDRESS	610 SW Bend Point	
CITY-ST-ZIP	GAINESVILLE FL 32606	6.4 CITY-ST-ZIP	Lecanto, FL 34461	

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: K.C. Kelley Pres — 3-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0020037