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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 1:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F08980

(7)

1. Corporation Name

THE BUCRAN CORP.

Principal Place of Business

**700 EDGE ST
P.O. BOX 2228
FORT WALTON BEACH FL 32547-2905**

Mailing Address

**706 EDGE ST.
P.O. BOX 2228
FORT WALTON BEACH FL 32547-2905
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/12/1980

3a. Date of Last Report

04/25/1994

4. FEI Number

59-2068051

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 706 Edge St.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State
B. Walton Bch, Fl.**

Suite, Apt. #, etc.

City & State

**23 Zip
32547**

**25 Country
Okaloosa**

Zip

Country

Country

9. Name and Address of Current Registered Agent

**SMITH, J.C.
329 NORTH BEAL
FT WALTON BEACH FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE DP
NAME SMITH, J C
STREET ADDRESS 329 N BEAL ST
CITY - ST - ZIP FT WALTON BCH, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

2 1 TITLE

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

3 1 TITLE

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY - ST - ZIP

4 1 TITLE

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TITLE

NAME

STREET ADDRESS

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95 904-862-4015