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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| 1996       | Can the con- |
|------------|--------------|
| DOCUMENT # | F14914       |

(8)

| BUCKEYE DEVELOPMENT CORP.  Principal Place of Business Mailing Address  |  |   |  |  |  |                 |                             |  |
|---|--|---|--|--|--|-----------------|-----------------------------|--|
| 2136 FAWN DRIVE 2136  |  | 2136 FAWN DR<br>LOXAHATCHEE FL  | 136 FAWN DR<br>OXAHATCHEE FL 33470                             |  |  | 120 D           | of Last Re                  | nort.  |
| US  |  | 00  |  |  | <ol> <li>Date Incorporated or Qualified<br/>01/15/1981</li> </ol>                  |                 | 7/10/199                    |  |
| Principal Plac  | on of Elevisions   | 2a. Mailing Address   |  |  | 4. FET Number  |                 |                             | pplied For   |
| . Principal Plac<br>]   | Ge of positiess  | 26  |  |  | 31-1000124   |                 | N                           | ot Applicable  |
| Suite, Apt. #,  | , etc.   | Suite Apt. #, etc   |  |  | 5. Certificate of Status Desired   |                 |                             | Additional   |
|   |  | 27  |  |  |  |                 |                             | equired  |
| City & State  |  | Gity & State  |  |  | 6. Election Campaign Financing Trust Fund Contribution                             |                 |                             | May Be<br>to Fees  |
|   |  | 28  | ·  | ountry   | 8. This corporation has liability for  | or intangible t |                             |  |
| Ζiρ   | Country<br>25  | Ζιρ<br><b>29</b>  | 30   | and y  | Florida Statutes   | es 🗌 No         |                             |  |
|   | 9. Name and Address of C   |   |  |  | 10. Name and Address of New  | Registered      | Agent                       |  |
|   |  |   | ,  | 81 Name  |  |                 |                             |  |
| PERCHIC   | K MARK   |   |  | 82 Street Add  | dress (P.O. Box Number is Not Accept   | able)           |                             |  |
| 2136 FAV  |  |   |  |  |  |                 |                             |  |
|   | TCHEE FL 33470   |   |  | 83   |  |                 |                             |  |
|   | ••••   |   |  | 84 City  | A  |                 | 85 Zip                      | Code   |
|   |  |   |  | <u>_l,_l</u>   | oration submits this statement for the part of directors. I perely accept the at   | FL              |                             | naintared off  |
|   | n, and accept the obligations of   | , Section 607.0505, Florida Sta   | dutes.   |  | oration statings this statement for the paracrof directors. I hereby accept the ap |                 |                             |  |
| IGNATURE  | Signature is part or parted name of rely time  | , Section 607,0505, Florida Sta<br>stage Land to Taga Lab<br>RS AND DIRECTORS | (NOTE Hospide  | ed Ajent Sijnet it engli   |  |                 |                             |  |
| GNATURE   | Signative speed or practed speed of registers OFFICER  | Section 607.0505, Fibrida Sta   | (NOTE Hopiso   | ed Ajjan sejest ir engan<br>k  | estwis nostroji  | FFICERS AN      | D DIRECTO                   |  |
| IGNATURE 5  | System Good of the Market Mark | , Section 607,0505, Florida Sta<br>stage Land to Taga Lab<br>RS AND DIRECTORS | (NOTE Hoppide   13   | ed Ajantsejed vero vi<br>k<br>3 TILE<br>NAME   | estwis nostroji  | FFICERS AN      |                             |  |
| GNATURE   | P<br>PERCHICK, MARK<br>2136 FAWN DR  | , Section 607,0505, Florida Sta<br>stage Land to Taga Lab<br>RS AND DIRECTORS | 13 1 1 1 1 2 1 3 1 1 3 1 3 1 1 1 1 2 1 3 1 3                   | ed Asjant sejest a marii<br>k<br>1 TITLE<br>NAME<br>I STREET ADDRESS   | estwis nostroji  | FFICERS AN      |                             |  |
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| CONATURE  | P<br>PERCHICK, MARK<br>2136 FAWN DR  | , Section 607,0505, Florida Sta<br>stage Land to Taga Lab<br>RS AND DIRECTORS | 13 14 2  | cd Agent special ring in  I. I TILE NAME I STREET ADDRESS I CITY-ST-ZP I TILE  | estwis nostroji  | FFICERS AN      | ☐ Change                    | Add tio  |
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4. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(s)(i). Florida Statutes in 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 derector of the corporation or the recover or trustee or powered 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 DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

66 (407) 732 58 Vu