FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 10 PM 1:25

DOCUMENT # F30738 (1)

1. Corporation Name
BUCK TOOL COMPANY

Principal Place of Business	Mailing Address
1902 SE. 36TH ST. CAPE CORAL FL 33904	1902 SE. 36TH ST. CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/15/1981
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2085831 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

BUCK, DOROTHY W.
1902 SE 36TH ST.
CAPE CORAL FL 33904

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 _____ 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	DP	1.1 TITLE	D/P	☐ Change ☐ Addition
NAME	BUCK, RUSSELL J	1.2 NAME	BUCK, DOROTHY W.	
STREET ADDRESS	1902 SE 36TH STREET	1.3 STREET ADDRESS	1902 SE 36TH ST.	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE	D	2.1 TITLE	D	☐ Change ☐ Addition
NAME	BUCK, JAMES R.	2.2 NAME	BUCK, RUSSELL J.	
STREET ADDRESS	4140 NW 5TH AVE	2.3 STREET ADDRESS	4140 NW 5TH AVE.	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL.	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
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		

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

SIGNATURE: Dorothy W. Buck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY W. BUCK — Date: 2/7/95 — Daytime Phone #: (813)549-9729

0320660 CP

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Copy

ck.# 6702 $200.00
Mailed 4/13/94 LB.

1. Corporation Name
BUCK TOOL COMPANY

DOCUMENT #
F30738 (1)

Mailing Address
1902 SE. 36TH ST.
CAPE CORAL FL 33904

Principal Place of Business
1902 SE. 36TH ST.
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country 25

2a. Principal Place of Business 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 | Country 30

3. Date Incorporated or Qualified: 04/15/1981
3a. Date of Last Report: 03/18/1993
4. FEI Number: 59-2085831 — 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 Exempt from $138.75 Supplemental Fee [ ]
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
BUCK, DOROTHY W.
1902 SE 36TH ST.
CAPE CORAL FL 33904

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

1 TITLE	D/P
1 NAME	BUCK, DOROTHY W.
1 STREET ADDRESS	1902 SE 36TH STREET
1 CITY-ST-ZIP	CAPE CORAL FL
2 TITLE	D
2 NAME	~~BUCK, JAMES R.~~
2 STREET ADDRESS	4140 NW 5TH AVE
2 CITY-ST-ZIP	BOCA RATON FL
3 TITLE	
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D
2.2 NAME	BUCK, Russell J.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	

PS Form 3800, June 1991 (Reverse)

Restricted Delivery Fee
Return Receipt Showing to Whom & Date Delivered 1.00
Return Receipt Showing to Whom, Date, and Addressee's Address
TOTAL Postage & Fees
Postmark or Date

PS Form 3800, June 1991

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
1. [ ] Show to whom delivered, date, and addressee's address. *(Extra charge)*
2. [ ] Restricted Delivery *(Extra charge)*

3. Article Addressed to:
DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

4. Article Number
P 259 535 939

Type of Service:
[ ] Registered [ ] Insured
[XX] Certified [ ] COD
[ ] Express Mail [ ] Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X
6. Signature — Agent
X Clamp
7. Date of Delivery

8. Addressee's Address *(ONLY if requested and fee paid)*

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT