FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400005302 (4)

BUCKLAND RIVER COMPANY

FILED May 14 1997 8:00am Secretary of State



Principal Place of Business 8164 BAYHAVEN DRIVE SEMINOLE FL 34642	Mailing Address 8164 BAYHAVEN DRIVE SEMINOLE FL 33776-3321		1 124,776 2014 (1214 1214 120)			
			 Date Incorporated or Qualified 10/12/1994 	fied 3a. Date of Last Report 02/13/1996		
2. Principal Place of Business 21 / 0955 PRIVIS	2a. Mailing Address 12a. Mailing Address	PRING ST.	4. FEI Number 34-1649052			oplied For ot Applicable
Suite, Apt #, etc	Suite, Apt. #, etc.		Certificate of Status Desired		~ - · · · ·	Additional equired
City & State ARCO FL	City & State			Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country 25 25	7.0	Country 30	This corporation has liability for Florida Statutes	Yes [] No	199.032,
9. Name and Address of ROUSSEL, MICHEL	of Current Registered Agent	81 Name	10. Name and Address of New F	registered A	gent	
8164 BAYHAVEN DR. SEMINOLE FL 34642 11. Pursuant to the provisions of Sections		84 City AK		FL	33	Code 7774
office or registered agent, or both, in agent if am familiar with, and accept SIGNATURE. Stipt-ature, typed or printed name of re	the State of Florida. Such change was a the obligations of, Section 607.0505, Flo	uthorized by the corpora	ition's board of directors. I hereby acc	DATE	ointment as	registered
THE PD	DELETE	1.1 TITLE	ADDITIONS OF IARGED TO OFF		Change	Addition
NAME ROUSSEL, MICHEL		1 2 NAME			_ `	
STREET ADDRESS 8164 BAYHAVEN DR.		1.3 STREET ADDRESS	10955 SPRING LARGO, FL 33	$\mathcal{S}_{\mathcal{T}}$.		
CHY-SI-ZIP SEMINOLE FL 34642		1.4 CITY-ST-ZIP	LARGO. FL 33	フンソ		
TiTLE	DELETE	2.1 TITLE			Change	Addition
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADORESS				
CITY - \$1 - 76°		2 4 CITY-ST-ZIP				
TATLE	DELETE	31 TITLE			Change	Addition
NAME.		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
Cri Y - Si - ZiP	DELETE	3.4. CITY-ST-ZIP			Change	Addition
TITLE		4.1 TITLE 4. 2 NAME			CT CHANGE	- Nagition
NAME PROTECT Medical Co.						
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	DELETE	5.1 TITLE			Change	Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
Į.		5.4 City - ST-ZiP				
CHY-ST-ZIP TITLE	☐ DELETE	61 TITLE			Change	Addition
NAME		6.2 NAME				··
STIFFET ADDINESS		6.3 STREET ADDRESS				
Į.						
CHY-ST-ZIP	on supplied with this filing does not qualif	64 CITY-ST-ZIP	ed in Section 119 07(3)(i) Florida Stati	tee I further	cortifu tha	1 10 0

roo increasy decay that the mormation supplied wan this filling does not quality for the exemption stated in section 1.18.07(3)(f), notice statutes. In the receiver of the courage 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.

A DIRECTOR