05-06-1999 90107 017 ***150.00

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

Mailing Address

10065 SPRING ST

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9400005302

1. Corporation Name

Principal Place of Business TO SUIDING ST

BUCKLAND RIVER COMPANY

LARGO FL 3377		LARGO FL 33774						
US US					DO NOT WRITE IN THIS SPACE			
l 					Date Incorporated or Qualifed		ĺ	
		<u></u>			10/12/1994			
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	<u>_</u>	pplied For	
21		26	26		<u>34-1649052</u>		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional			
22		27			3. Octahodic of Ottata Booling	Fee Re	equired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	/	8. This corporation owes the current year Int		_	
24	25	29	30		Personal Property Tax. Yes No			
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name				
ROUSSEL, MICHEL			0.7	82 Street Address (P.O. Box Number is Not Acceptable)				
1095	5 Spring St		02	Street	Address (F.O. Box Number is Not Acceptable)			
LARC	GO FL 33774		83					
			<u> </u>					
			84	City	F≀	85 Zip	Code	
dd Dimeriant	to the provinces of Castions 6	07.0502 and 607.1508. Florida Statute	s the abov	e-named	· · · · · · · · · · · · · · · · · · ·	changing its	s registered	
office or n	egistered agent, or both, in the	State of Florida. Such change was au	thorized by	the corpo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoin	ntment as re	gistered	
agent. I a	m familiar with, and accept the	obligations of, Section 607.0505, Flori	da Statutes	5.				
SIGNATURE	<u> </u>	NOTE			required when reinstating) DATE		\	
	Signature, typed or printed name of regist	RS AND DIRECTORS	13.	nt signature n	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12	
12.	PD	DELETE	1.1 TITLE		ADDITIONO/OFFATOLO TO OFF TOLEROYS	Change	☐ Addition	
TITLE			1.2 NAME				_	
NAME	ROUSSEL, MICHEL			T 4000000				
STREET ADDRESS	10955 SPRING ST			T ADDRESS			Ì	
CITY-ST-ZIP	LARGO FL		1.4 C/TY-5	ST-ZIP		☐ Change	Addition	
TITLE		☐ DELETE	2.1 TITLE			_) Change		
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	TADDRESS			Į	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE -	-	☐ DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS			j	
CITY-ST-ZIP	1		3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	1,		4. 2 NAME					
STREET ADDRESS	•		4.3 STREE	TADDRESS				
CITY-ST-ZIP		•	4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
]			5.3 STREE	T ADDRESS				
STREET ADDRESS			5.4 CITY-5				Ì	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition	
l πtιΕ		C: DECEIE	6.2 NAME			الماسين الم		
NAME								
STREET ADDRESS	İ		6.3 STREE	TADORESS				

14. hereby certify that the information supplied with this filing 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 supplementar squal 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP