

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H15899 (8)**
1. Corporation Name
BUFFALO BLUFF UTILITIES, INC.



Principal Place of Business: **66 CUNA ST. SUITE B ST AUGUSTINE FL 32084**
Mailing Address: **66 CUNA ST. SUITE B ST AUGUSTINE FL 32084**

2. Principal Place of Business: 21 Suite, Apt., #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt., #, etc.; 27 City & State; 28 Zip; 29 Country
9. Name and Address of Current Registered Agent: 25

BROWN, RONALD W ESQ
66 CUNA ST.
SUITE B
ST AUGUSTINE FL 32084

3. Date Incorporated or Organized: **08/09/1984**
3a. Date of Last Report: **04/28/1995**
4. FEIN Number: **59-2438800**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
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 607.07 and 607.1501, Florida Statutes, the above named corporation adopts 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 607.07, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS
 1. TITLE: T
 2. NAME: RUNK, PAUL B
 3. STREET ADDRESS: 66 CUNA ST., SUITE B
 4. CITY, ST, ZIP: ST AUGUSTINE FL
 5. TITLE: S
 6. NAME: THOMPSON, PIERRE D
 7. STREET ADDRESS: 66 CUNA ST., SUITE B
 8. CITY, ST, ZIP: ST AUGUSTINE FL
 9. TITLE: [] DELETE
 10. NAME: [] DELETE
 11. STREET ADDRESS: [] DELETE
 12. CITY, ST, ZIP: [] DELETE
 13. TITLE: [] DELETE
 14. NAME: [] DELETE
 15. STREET ADDRESS: [] DELETE
 16. CITY, ST, ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 17. TITLE: [] Change [] Addition
 18. NAME: [] Change [] Addition
 19. STREET ADDRESS: [] Change [] Addition
 20. CITY, ST, ZIP: [] Change [] Addition
 21. TITLE: [] Change [] Addition
 22. NAME: [] Change [] Addition
 23. STREET ADDRESS: [] Change [] Addition
 24. CITY, ST, ZIP: [] Change [] Addition
 25. TITLE: [] Change [] Addition
 26. NAME: [] Change [] Addition
 27. STREET ADDRESS: [] Change [] Addition
 28. CITY, ST, ZIP: [] Change [] Addition

14. I do hereby certify that the information supplied to the filing jurisdiction is correct and does not deny, for the exemption statute in Section 119.07, state, Florida Statutes. I further certify that the information provided to the filing jurisdiction complies with the requirements of the Florida Secretary of State 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 a person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report in compliance with an affidavit.

SIGNATURE: *Pierre D. Thompson* PIERRE D. THOMPSON 3/27/96 904471-1804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)