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

PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # H53570

1. Corporation Name

(8)

BUCHMAN & BUCHMAN ATTORNEYS AT LAW, P.A.											
Principal Place	Mailing Address	Address]	861 4 1811 4184	# (1#1#################################	·311 G(BH 18Q1		
1317 W. FLETCHER AVE. STE A TAMPA FL 33612 US			1317 W. FLETCHER AVE. STE A TAMPA FL 33612 US								
							3. Date Incorporated or Qualified 05/01/1985	3a. Date of Last Report 03/14/1995			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number	Applied For		
21			26			00 20 100 10			Not Applicable		
Suite, Apt #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee F	Additional Required	
City & State			City & State					6. Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip	Country	•	Zip Cou					8. This corporation has liability for intangible tax under s 199.032,			
24	25		29 30					Florida Statutes Yes No			
9. Name and Address of Curren			Registered Agent					10. Name and Address of New Registered Agent			
					81	Na	ame				
BUCHMAN, J. MILES 1317 W. FLETCHER AVE.				82			reet Addre	ss (P.O. Box Number is Not Acceptab	le)		
STE A											
TAMPA FI	L 33612				84	Ci	ty		FL	85 Zi	p Code
or registere	ed agent, or both, in the	State of Florida.	nd 607.1508, Florida Statu Such change was authori 607.0505, Florida Statute	zed by the	ove-r corp	nami	ed corpora ion's board	tion submits this statement for the pur I of directors. I hereby accept the app	pose of cho pintment as	anging its r registered	egistered office Lagent. Lam
SIGNATURE _								when constituted	DATE	· · · · · · · · · · ·	l
	Signature, typed or printed name	of registered agent and OFF#CERS AND D		13.) AGe.	i: sigi	ature required	when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	PS IN 12
12.	SV	I FOLING AND E	DELETE	1.1	THTLE					Change	☐ Addition
NAME	BUCHMAN, J. MILE	:9	_	1.2 N	IAME						
STREET ADDRESS	1317 W. FLETCHE			1.3 STREET ADD			RESS				
CITY-ST-ZIP	TAMPA FL				HY-5						
THILE	PT		☐ DELETE	2 1 Ti						Change	Addition
NAME	BUCHMAN, JANICE C.		—	2 2 NA		NAME					
STREET ADDRESS				2.3 ST		STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL			240	OTY-9	ST - ZII	,				
TITLE			☐ DELETE	3 1	TITLE					Change	Addition
NAME				3.21	IAME						
STREET ADDRESS				3 3.	STREF	T ADD	ORESS				
CITY - S1 - ZIP				340	DITY-S	ST - 711	P				
TITLE			☐ DELETE	4 1	TITLE					☐ Change	☐ Addition
NAME				4.21	MAME						
STREET ADDRESS				4.3 \$	STREE	1 ADD	RESS				
CITY-ST-ZIP					CITY-!	•	P			F-1 0:	The second
TITLE			☐ DELETE	5 1	TITLE					☐ Change	☐ Addition
NAME	1			5.2	NAME						
STREET ADDRESS					STREE		4				
CITY-ST-ZIP			punt 2.2.2.		CITY-:		P			Change	["] Addition
TITLE			DELETE		TITLE					☐ Change	Addition
NAME					NAME						
STREET ADDRESS					STREE						
CITY - ST - ZIP	<u> </u>		0. 4b/2 Pl	6.4	CITY -	\$T- ZI	P	or the exemption stated in Section 115	07(3)/b\ E	orida Stati	ites I further
14. I do hereb	by certify that the informa	tion supplied wit	in this tiling is voluntarily fu	ITHISTING BING	ı UCE	CO IK	or dequality to	a die exemplioristateu in couldit i 18	(O)(ry,	Leffect on	if an ada conde

To hereby certify that the information supplied with this limit is voluntarily furnished and oces not qualify for the exemption stated in Section 119.07(3)(K). Florida Statutes. Turther 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 any tachment with an address.

SIGNATURE: Danie OBRINTED NAME OF SIGNING OFFICER

CR2E034 (12/95)