

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H63582**

(1)

1. Corporation Name

KENNETH W. BUCHMAN, P.A.

Principal Place of Business

**212 N COLLINS ST
PLANT CITY FL 33566**

Mailing Address

**212 N COLLINS ST
PLANT CITY FL 33566**

2. Principal Place of Business

21 Suite, Apt., #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt., #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**BUCHMAN, KENNETH W.
212 N COLLINS STREET
PLANT CITY FL 33566**

3. Date Incorporated or Qualified

07/01/1985

3a. Date of Last Report

03/09/1995

4. FEI Number

59-2547719

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. ☒ 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 607.0502 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

Signature typed or printed name of signing officer or director

Signature typed or printed name of new registered agent

(Date)

OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BUCHMAN, KENNETH W.	
STREET ADDRESS	212 N COLLINS ST	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	S	☐ DELETE
NAME	BUCHMAN, KENNETH W	
STREET ADDRESS	212 N COLLINS STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	T	☐ DELETE
NAME	BUCHMAN, KENNETH W	
STREET ADDRESS	212 N COLLINS STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-ST-ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY-ST-ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY-ST-ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY-ST-ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-ST-ZIP	
34 TITLE	☐ Change ☐ Addition
35 NAME	
36 STREET ADDRESS	
37 CITY-ST-ZIP	
38 TITLE	☐ Change ☐ Addition
39 NAME	
40 STREET ADDRESS	
41 CITY-ST-ZIP	
42 TITLE	☐ Change ☐ Addition
43 NAME	
44 STREET ADDRESS	
45 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)(k), 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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth W. Buchman

2/15/96

(813) 752-3122

CR2E034 (12/95)