FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J41994 (1)

1. Corporation Name
PILE BUCK, INC.

Principal Place of Business
~~19043 S.E. FERNWOOD DR. (33469)~~
P. O. BOX ~~1056~~
~~JUPITER~~ FL 33468

Mailing Address
~~19043 S.E. FERNWOOD DR. (33469)~~
P. O. BOX ~~1056~~
~~JUPITER~~ FL 33468

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/05/1986
3a. Date of Last Report: 04/20/1994

	2. Principal Place of Business	2a. Mailing Address
21/26	1430 Cypress #4	P.O. Box 1056
22/27	Suite, Apt. #, etc. Jupiter, FL.	Suite, Apt. #, etc. Jupiter, FL
23/28	City & State 33469	City & State 33468
24/29	Zip	Zip
25/30	Country U.S.A.	Country

4. FEI Number: 59-2513160 ☐ 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

9. Name and Address of Current Registered Agent

SMOOT, CHRISTOPHER S.
45 POPLAR RD.
TEQUESTA FL 33469

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/city)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SMOOT, CHRISTOPHER S.	1.2 NAME		
STREET ADDRESS	45 POPLAR RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP		
TITLE	VT	2.1 TITLE		☐ Change ☐ Addition
NAME	SMOOT, SARAH M.	2.2 NAME		
STREET ADDRESS	45 POPLAR RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	YETTER, ELIZABETH A.	3.2 NAME		
STREET ADDRESS	BOX B-2 FAIRWAY VILLAS	3.3. STREET ADDRESS		
CITY-ST-ZIP	DAGSBORO DE	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(i), 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 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 alteration.

SIGNATURE: _____ 2-4-95 (407)744-8780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436872 FP