

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K11201 (6)**

1. Corporation Name  
**BUCKEYE CONSTRUCTION OF COLLIER COUNTY, INC.**



Principal Place of Business: **324 COUNTRY CLUB DR. NAPLES FL 33942**  
Mailing Address: **324 COUNTRY CLUB DR. NAPLES FL 33942**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

3. Date Incorporated or Qualified: **01/07/1988**  
3a. Date of Last Report: **04/17/1995**  
4. FEI Number: **65-0029336** 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

**PAULICH, PAUL III  
3401 TAMiami TRAIL NORTH  
SUITE 205  
NAPLES FL 33940**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 officer 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 of Registered Agent (Signature required when registering)

Signature of Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS  
1. TITLE:  DELETE  
NAME: **D LINDER, MICHAEL E.**  
STREET ADDRESS: **324 COUNTRY CLUB DR.**  
CITY, STATE, ZIP: **NAPLES FL**  
2. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, STATE, ZIP:  
3. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, STATE, ZIP:  
4. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, STATE, ZIP:  
5. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, STATE, ZIP:  
6. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, STATE, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. 1. TITLE:  Change  Addition  
12. NAME:  
13. STREET ADDRESS:  
14. CITY, STATE, ZIP:  
2. 2. TITLE:  Change  Addition  
22. NAME:  
23. STREET ADDRESS:  
24. CITY, STATE, ZIP:  
3. 3. TITLE:  Change  Addition  
32. NAME:  
33. STREET ADDRESS:  
34. CITY, STATE, ZIP:  
4. 4. TITLE:  Change  Addition  
42. NAME:  
43. STREET ADDRESS:  
44. CITY, STATE, ZIP:  
5. 5. TITLE:  Change  Addition  
52. NAME:  
53. STREET ADDRESS:  
54. CITY, STATE, ZIP:  
6. 6. TITLE:  Change  Addition  
62. NAME:  
63. STREET ADDRESS:  
64. CITY, STATE, ZIP:

14. I 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. If 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.

SIGNATURE: *Michael Linder* Michael Linder  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96

941-598-3679

CR2E034 (12/95)