

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90006 020 ***150.00

DOCUMENT # K37512

1. Corporation Name

BUSTER CORPORATION

Principal Place of Business

PO BOX 13386
2718 CENTERVILLE RD
TALLAHASSEE FL 32317
US

Mailing Address

PO BOX 13386
2718 CENTERVILLE RD
TALLAHASSEE FL 32317
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1988

4. FEI Number

59-2914842

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

22 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

JOHNSON, CRAIG
2718 CENTERVILLE RD
TALLAHASSEE FL 32308

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

Craig R Johnson

4/27/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DID ☐ DELETE

NAME WILDER, SUSETTE
STREET ADDRESS 2718 CENTERVILLE RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ DELETE

NAME JOHNSON, TIM V
STREET ADDRESS 2718 CENTERVILLE RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE TD ☐ DELETE

NAME BROWN, WILLIAM L
STREET ADDRESS 2718 CENTERVILLE RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ DELETE

NAME CHURCHILL, MARY
STREET ADDRESS 2718 CENTERVILLE RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE PD ☐ DELETE

NAME JOHNSON, CRAIG
STREET ADDRESS 2718 CENTERVILLE RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.

SIGNATURE:

Craig R Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

Daytime Phone #

CR2E034 (11/98)