

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

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L19759 (4)
 1. Corporation Name
BUCKHORN TIMBER & RESOURCE CORP.



Principal Place of Business C/O MIKE GRANDEY P O BOX 670 APOPKA FL 32704	Mailing Address C/O MIKE GRANDEY P O BOX 670 APOPKA FL 32704-0670
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3. Date Incorporated or Qualified 09/28/1989	3a. Date of Last Report 04/04/1996
4. FEI Number 59-3024923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent GRANDEY, MIKE 777 SOUTH PARK AVENUE APOPKA FL 32703	10. Name and Address of New Registered Agent
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81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
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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 registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	GRANDEY, MIKE EDD
STREET ADDRESS	840 S. TILDEN ST
CITY - ST - ZIP	APOPKA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DUNN, ROBERT KIM
STREET ADDRESS	1664 W. ORNAGE BLOSSOM TR
CITY - ST - ZIP	APOPKA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SPOON, D. WAYNE
STREET ADDRESS	804 E. PEARL ST
CITY - ST - ZIP	APOPKA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MORRISON, RICHARD ALAN
STREET ADDRESS	2714 CLOUDCROFT DR
CITY - ST - ZIP	APOPKA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LONG, CHARLES A., JR.
STREET ADDRESS	4322 WETHERBEE ROAD
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PHILLIP OWEN WHIGHAM
1.3 STREET ADDRESS	2060 KELLY PARK RD
1.4 CITY - ST - ZIP	APOPKA, FL. 32712
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Mike Grandey* **4-18-97** **407-889-4147**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)