2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

04-12-2004 90284 002 ****61.00
FILED P01000065494

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000065494

1. Entity Name
BUCK AND BUCK OFFICE EQUIPMENT INC.

Principal Place of Business	Mailing Address
5198 DREW ST. BROOKSVILLE, FL 34609	5198 DREW ST. BROOKSVILLE, FL 34609

03252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 34604	Country	Zip 34608	Country

4. FEI Number 59-3731576 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, JOHN J JR
6129 DELTONA BLVD.
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

Name FRANKLIN, JOHN J JR
Street Address (P.O. Box Number is Not Acceptable) 4114 LAMSON AVE
City SPRING HILL FL Zip Code 34608

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________ 3/25/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCK, LINDA W 5198 DREW ST. BROOKSVILLE, FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCK, LINDA W 5198 DREW ST BROOKSVILLE FL 34604	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCK, ARTHUR 5198 DREW ST BROOKSVILLE FL 34604	☐ Change ☑ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda W Buck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #