

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 FEB -8 PM 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P08993 (8)

1. Corporation Name

BUFFALO ROCK COMPANY, INC.

606207

Principal Place of Business

% LARRY DUTTON  
P.O. BOX 10048  
BIRMINGHAM AL 35202

Mailing Address

% LARRY DUTTON  
P.O. BOX 10048  
BIRMINGHAM AL 35202

3. Date Incorporated or Qualified  
02/06/1986

3a. Date of Last Report  
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
63-0032365

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

10. Name and Address of New Registered Agent

OWENS, FLOYD  
2377 SHERMAN AVENUE  
PANAMA CITY FL 32405

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

FLOYD OWENS GENERAL MANAGER

Floyd Owens

1/17/96

(Signature, typed or printed name of registered agent, and both if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEE, JAMES C. III  
STREET ADDRESS 111 OXMOOR ROAD  
CITY, ST, ZIP BIRMINGHAM AL

☐ DELETE

TITLE VD  
NAME BARKER, ROGER D.  
STREET ADDRESS 111 OXMOOR RD  
CITY, ST, ZIP BIRMINGHAM AL

☐ DELETE

TITLE SD  
NAME ALLUMS, MARY B.  
STREET ADDRESS 111 OXMOOR ROAD  
CITY, ST, ZIP BIRMINGHAM AL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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)(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; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 205-942-3435

CR2E034 (12/95)