

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

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May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10315

(0)

1. Corporation Name

H. M. BUCKLEY & SONS, INC.

Principal Place of Business

Mailing Address

RR 6 MEADOWBROOK RD  
P O BOX 1237  
SPRINGFIELD IL 62705

RR 6 MEADOWBROOK RD  
P O BOX 1237  
SPRINGFIELD IL 62707-9806



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/03/1986	03/20/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		37-0872914	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	
26		31		6. Election Campaign Financing	\$5.00 May Be Added to Fees
27		32		Trust Fund Contribution	<input type="checkbox"/>
28		33		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
29		34			

9. Name and Address of Current Registered Agent

BUCKLEY THOMAS E  
7501 NORTH AIRPORT ROAD  
NAPLES FL 33942

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BUCKLEY, HARRY M., III	1.2 NAME	
STREET ADDRESS	505 TECUMSEH TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BUCKLEY, DONALD E.	2.2 NAME	
STREET ADDRESS	1931 CARDINAL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	BUCKLEY, DONALD E.	3.2 NAME	
STREET ADDRESS	1931 CARDINAL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	BUCKLEY, THOMAS E.	4.2 NAME	
STREET ADDRESS	1900 TILLER TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BUCKLEY, ILEUS N.	5.2 NAME	
STREET ADDRESS	34 TURNBERRY	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE:

*H. M. Buckley & Sons, Inc.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97

Date

317-546-2211

Daytime Phone #

0500448

CR2E034 (9/96)