

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

DOCUMENT # P10315

1. Corporation Name

H. M. BUCKLEY & SONS, INC.

Principal Place of Business

RR 6 MEADOWBROOK RD
P O BOX 1237
SPRINGFIELD IL 62705

Mailing Address

RR 6 MEADOWBROOK RD
P O BOX 1237
SPRINGFIELD IL 62705

FILED
Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90039 046 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1986

4. FEI Number

37-0872914

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BUCKLEY THOMAS E
7501 NORTH AIRPORT ROAD
NAPLES FL 33942

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

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 PD
NAME BUCKLEY, HARRY M., III
STREET ADDRESS 505 TECUMSEH TRAIL
CITY-ST-ZIP SPRINGFIELD IL ☐ DELETE

TITLE VD
NAME BUCKLEY, DONALD E.
STREET ADDRESS 1931 CARDINAL DRIVE
CITY-ST-ZIP SPRINGFIELD IL ☐ DELETE

TITLE STD
NAME BUCKLEY, DONALD E.
STREET ADDRESS 1931 CARDINAL DRIVE
CITY-ST-ZIP SPRINGFIELD IL ☐ DELETE

TITLE VD
NAME BUCKLEY, THOMAS E.
STREET ADDRESS 1900 TILLER TERRACE
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE D
NAME BUCKLEY, ILEUS N.
STREET ADDRESS 34 TURNBERRY
CITY-ST-ZIP SPRINGFIELD IL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Thomas E. Buckley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99

(217) 546-2211

CR2034 (11/98)