SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300003003 (9)

**BUCK'S OF PERRY, INCORPORATED** 

## FILED Jul 24 1998 8:00am Secretary of State



Principal Place	of Business	Mailing	Mailing Address				a the liber the sales that delice admit and a basic solution of the angle and load	
214 E MONTRO	SE PLACE	214 E N	214 E MONTROSE PLACE					
PERRY FL 32347		PERRY I	PERRY FL 32347				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	٦
							01/13/1993	
9 Principal Pi	ace of Business	2a Mai	2a. Mailing Address				4. FEI Number Applied For	4
21	ace of Dusilless	L	26				59-3238853 Not Applicable	4
Suite, Apt.	# etc.		Suite, Apt. #, etc.				S8.75 Additional	┨
22	,	<u></u>	27				5. Certificate of Status Desired Fee Required	
City & State	9		City & State				6. Election Campaign Financing \$5.00 May Be	٦
23		28	28				Trust Fund Contribution Added to Fees	
Zip	Country	/ Zip		Coun	itry		8. This corporation owes or has paid the current year intengible	٦
24	25	29		30			Personal Property Tax due June 30. Yes No	
	9. Name and Addre	ss of Current Registered	Agent				10. Name and Address of New Registered Agent	4
BUC	KHALTER, RAYMONE	) E.		-	81	Name		
	e montrose placi		82			Street Address (P.O. Box Number Is Not Acceptable)		
	RY FL 32347			Ľ	_	Dudotria	to to the second of the second	╛
				[1	83			1
					84	City	<b>■.</b> 85 Zip Code	$\dashv$
				[	٦-	City	FL   S   Ep 5500	1
11. Pursuant	to the provisions of sect	ions 607.0502 and 607.15	08, Florida Statute	es, the abo	ve-n	named corp	poration submits this statement for the purpose of changing its registered	1
office or i	regi <b>ster</b> ed agent, or both am <b>fami</b> liar with, and acc	i, in the State of Florida. S ept the obligations of, sec	uch change was tion 607.0505. Fl	authorized orida Statu	by t ites.	the corpora	ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE .	The state of the s		, , , , , , , , , , , , , , , , , , , ,					
SIGNATORE.	Signature, typed or printed name	of registered agent and title if applic	able (N		gA be	ent signature r	required when reinstating) DATE	╛
12.		FFICERS AND DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	4
TITLE	DP		DELETE	1.1 TITL	.E		Change Addition	1
NAME	BUCK HALTER, RA			1.2 NAM	Æ	-		ı
STREET ADDRESS	214 E MONTROSE	PLACE	1.3 STREET ADDRESS		DORESS		١	
CITY-ST-ZIP	PERRY FL			1.4 CITY		ZIP		4
TITLE			DELETE	2.1 TITL			Change Addition	۱
NAME				2.2 NAM	Æ	Ì		1
STREET ADDRESS				2.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP				2 4 CITY-ST-ZI		ZIP		
TITLE			L DELETE	3.1 TITL	.E		Change Addition	
NAME	•			3.2 NAM	Æ			
STREET ADDRESS				3.3 STR	EET A	ADDRESS		
CITY-ST-ZIP				3.4 CITY		ZIP .		4
TITLE	÷		DELETE	4.1 TITL			Change Addition	
NAME				4.2 NAM				
STREET ADDRESS				4.3 STR	EETA	ADDRESS		
CITY-ST-ZIP				4.4 CITY	Y-ST-Z	ZIP		4
TITLE	C. Decere			5.1 TITL	5.1 TITLE		Change Addition	
NAME				5.2 NAM	ΛE	1	900002599289	
STREET ADDRESS				5.3 STR	EETA	ADDRESS	-07 <u>/2</u> 7/ <u>9</u> 801054 <b>03</b> 4	
CITY-ST-ZIP				5.4 CITY	Y-ST-2	ZIP	***550.00	_
TITLE			DELETE	6.1 TITU	Æ		Change Addition	
NAME				6.2 NAM	ΛE		adodaszelasta MN	
STREET ADDRESS	Ī.			6.3 STR	EETA	ADDRESS	-07X27/980J/Q54033 1,00	1
CITY-ST-ZIP				6.4 CITY	Y-ST-Z	ZIP	***150/00	
44 I harabu a	wife that the information	cupplied with this filing do	as not avalify for t	the exempt	ion	clated in e	ection 119 07(3)(i) Florida Statutes, I further certify that the internation	

6. 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 insgradion indicated on this ennual report or supplemental ennual report is true and accurate and that my signature shall have the same legal effect as if made under call; 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.

PIGNATURE: ALL STORY PARTY FOR BUTTON STORY 2154

CR2E034 (5/98