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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000042786 (2)

1. Corporation Name

BUCKSKIN PRODUCTIONS, INC.

Principal Place of Business Mailing Address

1704 BILLINGS AVE 1704 BILLINGS AVE
PANAMA CITY FL 32401 PANAMA CITY FL 32401



						3. Date Incorporated or Qualified 06/11/1993	3a. Date of Las 04/20	0/1995
2. Principal Place	of Business	2a. Mailing Address				4. FEI Number 59-3188948		Applied For
il		26				D9-3 100940	# 0	Not Applicable
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	☐ F	75 Additional ee Required
City & State		City & State				6. Election Campaign Financing		.00 May Be
<u>.</u>		28				Trust Fund Contribution	A(ded to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for		ers 199.032,
1	25	29	30	r—		THOMAS OF THE PARTY	No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	legistereo Agent	
				81	Name		_	
OLIVER,	ļ	82 Street Address (P.O. Box Number is Not Acceptable)						
1704 Bil								
PANAMA CITY FL 32401				83	3			
				84	City		85	Zφ Code
				1	,			
or registered familiar with,	agent, or both, in the State of Florid and accept the obligations of, Secti	ion 607.0505, Florida Statu	tes.	СОГР	oration's boar	ation submits this statement for the pu d of directors. I hereby accept the app of the properties of the public that the publi	DATE	егесі адепі. Таті
	grature, typed or printed name of registered agent OFFICERS ANI	and the mappinesses.	13.	J 749		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 12
12.	PD OFFICENS AN	DELETE	1 1 1	TITLE			☐ Cha	
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NAME	1704 BILLINGS AVE				ADDRESS			
STREET AUDRESS					1			
CITY-ST-ZIP	PANAMA CITY FL 32401	☐ DELETE		TITLE	ST-ZIP		☐ Cha	nge 🔲 Addition
	VD		_				_	
TITLE	ALMED CADAU U		221					
NAME	OLIVER, SARAH H		. 22 N		. ADDDECC			
	1704 BILLINGS AVE		2.3 S	STREET	ADDRESS			
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4. I do hereby certify that the information supplied with this limit is would annual report is true and accurate and that my signature shall have the same legal effect as if made under 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 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 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 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 certify that I am an officer or director of the corporation of 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 on a supplemental annual report or supplemental annual r

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #