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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P93000042786 (2)**

1. Corporation Name
BUCKSKIN PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
~~1704 BILLINGS AVE~~ ~~PANAMA CITY FL 32401~~	~~1704 BILLINGS AVE~~ ~~PANAMA CITY FL 32401-1824~~

2. Principal Place of Business 21 3090 Turkey Run Rd. Suite, Apt. #, etc. 22 City & State 23 Chipley FL Zip / Country 24 32428 25 WASHINGTON	2a. Mailing Address 26 3090 Turkey Run Rd. Suite, Apt. #, etc. 27 City & State 28 Chipley FL Zip / Country 29 32428 30 WASHINGTON

3. Date Incorporated or Qualified: 06/11/1993
3a. Date of Last Report: 04/30/1996
4. FEI Number: 59-3188948 ☐ 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
OLIVER, SARAH H ~~1704 BILLINGS AVE~~ ~~PANAMA CITY FL 32401~~	81 Name: Oliver, Sarah H 82 Street Address (P.O. Box Number is Not Acceptable) 83 3090 Turkey Run Rd. 84 City: Chipley FL 85 Zip Code: 32428

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OLIVER, MITCHELL L 1704 BILLINGS AVE PANAMA CITY FL 32401 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 3090 Turkey Run Rd. Chipley, Fl. 32428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OLIVER, SARAH H 1704 BILLINGS AVE PANAMA CITY FL 32401 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 3090 Turkey Run Rd. Chipley, Fl. 32428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD COSTA, DANA O 209 SAN GABRIEL ST PANAMA CITY BEACH FL 32413 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: M. L. Oliver MAR 18, 97 904-773-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #