

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000053702 (5)

1. Corporation Name
BUFCAR, INC.



Principal Place of Business

Mailing Address

4417 BEACH BLVD.
SUITE 104
JACKSONVILLE FL 32207

4417 BEACH BLVD.
SUITE 104
JACKSONVILLE FL 32207

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/26/1993

3a. Date of Last Report

02/13/1995

4. FEI Number

59-3193669

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

10. Name and Address of New Registered Agent

ROTHSTEIN, SIMON D
4417 BEACH BLVD.
SUITE 104
JACKSONVILLE FL 32207

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	
TITLE	DPT
NAME	BUFFKIN, REUBEN H
STREET ADDRESS	4309 MONUMENT RD.
CITY-STATE-ZIP	JACKSONVILLE FL 32225
TITLE	DVS
NAME	CARRIER, WILLIAM
STREET ADDRESS	3579 WESTOVER RD.
CITY-STATE-ZIP	ORANGE PARK FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DPT
1.2 NAME	JOSE I. SANTIAGO
1.3 STREET ADDRESS	10166 103rd Street
1.4 CITY-STATE-ZIP	Jacksonville, FL 32210
2.1 TITLE	
2.2 NAME	REUBEN H. BUFFKIN
2.3 STREET ADDRESS	4309 MONUMENT RD.
2.4 CITY-STATE-ZIP	JACKSONVILLE, FL 32225
3.1 TITLE	DVS
3.2 NAME	SANDRA SANTIAGO
3.3 STREET ADDRESS	10166 103rd Street
3.4 CITY-STATE-ZIP	Jacksonville, FL 32210
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-96

904-771-5878

Date

Daytime Phone

CR2E034 (12/95)