

ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
UNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



FILED  
Jul 08, 1999 8:00 am  
Secretary of State  
07-08-1999 90020 001 \*\*\*550.00

DOCUMENT # P94000021887  
orporation Name  
BUCKINE AND ASSOCIATES, P.A.

583615 - 90020 - 1



Principal Place of Business  
2 E KENNEDY BLVD  
A  
TAMPA FL 33602

Mailing Address  
1112 E KENNEDY BLVD  
STE A  
TAMPA FL 33602  
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

2a. Mailing Address  
26 1767 Hermitage Blvd  
Suite, Apt. #, etc.  
27 12201  
City & State  
28 Tall FL  
Zip  
29 32308  
Country  
30

3. Date Incorporated or Qualified  
03/22/1994

4. FEI Number  
26-5500897

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
NOBLES, HENRY E  
1511 N MORGAN ST  
TAMPA FL 33602

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

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

OFFICERS AND DIRECTORS	
1. NAME DST BUCKINE, FRED L 15705 WARBLER PLACE TAMPA FL	<input type="checkbox"/> DELETE
2. NAME	<input type="checkbox"/> DELETE
3. NAME	<input type="checkbox"/> DELETE
4. NAME	<input type="checkbox"/> DELETE
5. NAME	<input type="checkbox"/> DELETE
6. NAME	<input type="checkbox"/> DELETE
7. NAME	<input type="checkbox"/> DELETE
8. NAME	<input type="checkbox"/> DELETE
9. NAME	<input type="checkbox"/> DELETE
10. NAME	<input type="checkbox"/> DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Fred L. Buckine	
1.3 STREET ADDRESS 1767 Hermitage Blvd, 12201	
1.4 CITY-ST-ZIP Tall. FL 32308	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE  
1. 1999 (813) 223-5549

CR2E034 (5/99)