

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000055746 (9)**

1. Corporation Name

BUCCANEER COURIER, INC.



Principal Place of Business

Mailing Address

1255 MARSHVIEW DR
CHARLESTOWN SC 29412

1255 MARSHVIEW DR
CHARLESTOWN SC 29412

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

25

29

30

Charleston, SC

Charleston, SC

3. Date Incorporated or Qualified

07/26/1994

3a. Date of Last Report

08/08/1995

4. FEI Number

65-0509134

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

DRAKE, CARLTON L
1028-B PIRATES RD.
LITTLE TORCH KEY FL 33042

10. Name and Address of New Registered Agent

81 Name Benjamin Rahe
82 Street Address (P.O. Box Number is Not Acceptable) 5701 COURSEWAY # 7
83
84 City MARATHON FL 85 Zip Code 32850

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 officer 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

Ben Rahe

(Print Name of Registered Agent) Signature (Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	DRAKE, CARLTON L	
STREET ADDRESS	1028-B PIRATES RD	
CITY-ST-ZIP	LITTLE TORCH KEY FL 33042	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DRAKE, KATHLEEN	
STREET ADDRESS	1028-B PIRATES RD	
CITY-ST-ZIP	LITTLE TORCH KEY FL 33042	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1255 MARSHVIEW DR
14 CITY-ST-ZIP	Charleston, SC 29412
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1255 MARSHVIEW DR
24 CITY-ST-ZIP	Charleston, SC 29412
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-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 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 registered 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:

Carlton L Drake *Kathleen Drake*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 805-762-7789
Date: File #

CR2E034 (12/95)