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**Jan 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 # P94000076061 (8)

1. Corporation Name
BUCOMB FARMS, INC.



Principal Place of Business: **15595 STATE ROAD 40 WEST Ocala FL 34481**
Mailing Address: **15595 STATE ROAD 40 WEST Ocala FL 34481-4907**

3. Date Incorporated or Qualified: **10/14/1994**
3a. Date of Last Report: **04/12/1996**
4. FEI Number: **59-3282276**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **BUSCHMAN, KENNETH L 15815 SW 33RD STREET Ocala FL 34481**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

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)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUSCHMAN, KENNETH L | 1.2 NAME | |
| STREET ADDRESS | 15815 SW 33RD STREET | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | OCALA FL | 1.4 CITY - ST - ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUSCHMAN, MARGARET A | 2.2 NAME | |
| STREET ADDRESS | 15815 SW 33RD STREET | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | OCALA FL | 2.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLCOMB, JESSE R | 3.2 NAME | |
| STREET ADDRESS | 15825 SW 33RD STREET | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | OCALA FL | 3.4 CITY - ST - ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLCOMB, NANCY L | 4.2 NAME | |
| STREET ADDRESS | 15825 SW 33RD STREET | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | OCALA FL | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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 charged, or on an attachment with an address.

SIGNATURE: *Margaret A. Buschman* **1-13-97 (352) 489-4001**
Date: _____ Day: _____ Phone: _____

CR2E034 (9/96)