

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90047 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000076061

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1994

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business: 21  
 Suite, Apt. #, etc.: 22  
 City & State: 23  
 Zip: 24 Country: 25

2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 27  
 City & State: 28  
 Zip: 29 Country: 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 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                 |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
|--|-----------------------------|---|--|
| TITLE: VST <input type="checkbox"/> DELETE | NAME: BUSCHMAN, KENNETH L   | 1.1 TITLE: PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| STREET ADDRESS: 15815 SW 33RD STREET       | CITY-ST-ZIP: OCALA FL 34481 | 1.2 NAME:   |  |
| TITLE: T <input type="checkbox"/> DELETE   | NAME: BUSCHMAN, MARGARET A  | 2.1 TITLE: VICE PRES, Secretary, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS: 15815 SW 33RD STREET       | CITY-ST-ZIP: OCALA FL       | 2.2 NAME:   |  |
| TITLE: <input type="checkbox"/> DELETE     | NAME:                       | 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| STREET ADDRESS:                            | CITY-ST-ZIP:                | 3.2 NAME:   |  |
| TITLE: <input type="checkbox"/> DELETE     | NAME:                       | 3.3 STREET ADDRESS:   |  |
| STREET ADDRESS:                            | CITY-ST-ZIP:                | 3.4 CITY-ST-ZIP:  |  |
| TITLE: <input type="checkbox"/> DELETE     | NAME:                       | 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| STREET ADDRESS:                            | CITY-ST-ZIP:                | 4.2 NAME:   |  |
| TITLE: <input type="checkbox"/> DELETE     | NAME:                       | 4.3 STREET ADDRESS:   |  |
| STREET ADDRESS:                            | CITY-ST-ZIP:                | 4.4 CITY-ST-ZIP:  |  |
| TITLE: <input type="checkbox"/> DELETE     | NAME:                       | 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| STREET ADDRESS:                            | CITY-ST-ZIP:                | 5.2 NAME:   |  |
| TITLE: <input type="checkbox"/> DELETE     | NAME:                       | 5.3 STREET ADDRESS:   |  |
| STREET ADDRESS:                            | CITY-ST-ZIP:                | 5.4 CITY-ST-ZIP:  |  |
| TITLE: <input type="checkbox"/> DELETE     | NAME:                       | 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| STREET ADDRESS:                            | CITY-ST-ZIP:                | 6.2 NAME:   |  |
| TITLE: <input type="checkbox"/> DELETE     | NAME:                       | 6.3 STREET ADDRESS:   |  |
| STREET ADDRESS:                            | CITY-ST-ZIP:                | 6.4 CITY-ST-ZIP:  |  |

14. 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, with all other like empowered.

SIGNATURE: MARGARET A. BUSCHMAN  
 MARGARET A. BUSCHMAN  
 2-8-99 (352) 489-4001

CR2E034 (1/198)