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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000029845 (1) BUIE ENTERPRISES, INC. Principal Place of Business Mailing Address 5250 SHOLTZ STREET C/O J.F.K. SUPPLY 2900 44TH AVE NORTH DO NOT WRITE IN THIS SPACE NAPLES FL 33962 ST PETERSBURG FL 33714 3. Date Incorporated or Qualified <u>04/17/1995</u> Mailing Address 4. FEI Number Applied For 65-0575017 Not Applicable Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 25 29 Name and Address of Current Registered Agent 10 Name and Address of New Registered Agent BUIE. L W Same - NEW Address **5250 SHOLTZ STREET** Street Address (P.O. Box Number is Not Acceptable) 82 #80 # 83 NAPLES FL 34113 11. Pursuant to the provisions of Sections 607 0502 and 607. 1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its 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 vith and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE NOTE. Registered Agent algorature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change NAME BUIE, LESLIE W 1.2 NAME 5250 SHOLTZ STREET, UNIT 80 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33962 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-\$1-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 automorphism with an address.

SIGNATURE:

4. W. Buie Pres. Ap. 27 98

FILED

May 04 1998 8:00am

Secretary of State

813 4177965