

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90036 017 ***150.00

DOCUMENT # P97000076676

1. Corporation Name

BUCKEYE RECOVERY OF FLORIDA, INC.



Principal Place of Business

938 EAST 124TH AVE
UNIT A
TAMPA FL 33612
US

Mailing Address

4317 GANDY BLVD
STE 141
TAMPA FL 33611
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1997

4. FEI Number
59-3466121

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 **4302 East 10TH AVE.**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 404**

27 City & State

City & State

23 **Tampa, FL**

28 Zip

Zip

24 **33605**

29 Country

Country

25

30

9. Name and Address of Current Registered Agent

FARMER, THOMAS J
7006 ALMENDARIZ WAY
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name **Phillip W. Snyder**
82 Street Address (P.O. Box Number is Not Acceptable)
4512 West Fair Oaks Ave
83
84 City **Tampa** 85 Zip Code **FL 33611**

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

Phillip W. Snyder, President

2-11-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **FARMER, THOMAS J**
STREET ADDRESS **7006 ALMENDARIZ WAY**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **VD** ☐ DELETE

NAME **SNYDER, PHILLIP W**
STREET ADDRESS **4512 W FAIR OAKS AVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **SD** ☒ DELETE

NAME **FARMER, VIRGINIA A**
STREET ADDRESS **7006 ALMENDARIZ WAY**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **TD** ☐ DELETE

NAME **SNYDER, ROLINDA M**
STREET ADDRESS **4512 W FAIR OAKS AVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **VDS**

5.3 STREET ADDRESS **Michael P. Mathews**

5.4 CITY-ST-ZIP **2920 El Prado Blvd. #8**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **Tampa, FL 33629**

6.3 STREET ADDRESS

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: **Phillip W. Snyder, President** **2-11-99** **813-242-0220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0390174