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FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000083860 (1)

1. Corporation Name

BP BUFFINGTON, INC.



Principal Place of Business

Mailing Address

5 ALMOND DRIVE TRACE  
OCALA FL 34471

5 ALMOND DRIVE TRACE  
OCALA FL 34471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

2. Principal Place of Business

2a. Mailing Address

21 3350 SE 52ND STREET

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

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City & State

23

OCALA FLORIDA

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Zip

34480

Country

USA

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4. FEI Number

59-3469711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81

Name

MANDAKINIBEN P PATEL

82

Street Address (P.O. Box Number is Not Acceptable)

5 ALMOND DRIVE TRACE

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City

OCALA

FL

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Zip Code

34472

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/15/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PATEL, MANDAKINIBEN P  
STREET ADDRESS  
5 ALMOND DRIVE TRACE  
CITY-ST-ZIP  
OCALA FL 34471

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
PATEL, JAYKRITI M  
STREET ADDRESS  
5 ALMOND DRIVE TRACE  
CITY-ST-ZIP  
OCALA FL 34471

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

04/15/98

(352) 629 4986

CR2E034 (10/97)