

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S53877

(4)

1. Corporation Name

BUCKWHEAT CONCRETE, INCORPORATED

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/17/1991
3a. Date of Last Report 05/31/1994

4. FEI Number 59-3066678
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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

TUCKER, J.A.
1234 AIRPORT RD
SUITE 226
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

J.A. Tucker
(NOTE: Registered Agent signature required when reappointing)

6/1/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	TUCKER, J.A.
STREET ADDRESS	202 BENT ARROW DR
CITY - ST - ZIP	DESTIN FL
TITLE	D
NAME	TUCKER, J.A.
STREET ADDRESS	202 BENT ARROW DR
CITY - ST - ZIP	DESTIN FL
TITLE	PD
NAME	BURNHAM, FRANK
STREET ADDRESS	BOX 1054 N/A
CITY - ST - ZIP	DESTIN FL
TITLE	VO
NAME	HARGRAVES, MARION
STREET ADDRESS	815 INDIAN TR #107
CITY - ST - ZIP	DESTIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	President / Director / Secretary	☒ Change ☐ Addition
1 2 NAME	J.A. Tucker	
1 3 STREET ADDRESS	196 Bent Arrow Dr.	
1 4 CITY - ST - ZIP	Destin, FL 32541	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE	Treasurer / Director	☒ Change ☐ Addition
3 2 NAME	Frank Burnham	
3 3 STREET ADDRESS	196 B Bent Arrow	
3 4 CITY - ST - ZIP	Destin, FL 32541	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE	Vice-Pres / Director	☐ Change ☒ Addition
5 2 NAME	Thomas W. M. Donald	
5 3 STREET ADDRESS	127 E. Wilson Rd.	
5 4 CITY - ST - ZIP	Santa Rosa Bch, FL 32459	
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.A. Tucker

6/1/95

(904)837-7459