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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V57772

1. Corporation Name

(8)

## **BUCKLEY & DAWSEY ENTERPRISES, INCORPORATED**

Principal Place of Business Making Address									
12830 WALLING TAMPA FL 336		12830 WALLINGFORD DR. TAMPA FL 33624							
				08/12/1992					
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 59-3138576		ļ	Applied For Not Applicable	
Suite, Apt. #	e otr	Suite, Apt #, etc						5 Additional	
22	, 600.	27			5, Certificate of Status Desired	LJ		Required	
City & State		City & State			6. Election Campaign Financing		\$5.0	00 May Be	
3		28			Trust Fund Contribution			ed to Fees	
Zφ	Country	Ζφ	Country 30		8. This corporation has liability Florida Statutes	for intangible ta: Yes <b>III</b> No	k under S	199.032,	
4	25 Same and Address of Curren	29   It Registered Agent	1301		10. Name and Address of Ne		Agent		
	3, 114110 2114 1141		81	Name					
DAWSEY.	, LAWRENCE		82 Street A		ddress (P.O. Box Number is Not Acceptable)				
	ALLINGFORD DR.	<u> </u>		30'66	t Address (				
TAMPA F	L 33624		83						
			84	City			<b>85</b> Z	Zip Code	
				<u> </u>	corporation submits this statement for the	FL	ــلــلـــ		
12.	OFFICERS AN	D DIRECTORS	13. 1 1 TITLE		ADDITIONS/CHANGES TO		DIRECT Direction Direction		
TITLE	P	☐ DELETE	1 1 TITLE				Change	. 🔲 Addition	
NAME	BUCKLEY, DOUGLAS TERREI	_	1.2 NAME						
STREET ADDRESS	12830 WALLINGFORD DR.			I ADDRESS	5				
CITY-ST-ZIP TITLE	TAMPA FL 33624	□ DELETE	2 1 TITLE	51 · 71P		Γ	Change	Addition	
NAME	DAWSEY, LAWRENCE	<b>L</b> .,	2 2 NAME						
STREET ADDRESS	12830 WALLINGFORD DR.		2 3 STREE	T ADDRESS	s				
CITY-ST-ZIP	TAMPA FL 33624		2 4 C(TY)	\$1 - ZIP					
TITLE		☐ DELETE	3 1 T TLE			[	Change	e	
NAME			3 2 NAME						
STREET ADDRESS			l	ET ADDRES	SS				
CITY ST-ZIP		DELETE	3.4 CITY -				Change	e 🔲 Addition	
NAME		L Decere	4.2 NAME			-			
STREET ADDRESS			4.3 STRE	1 ADDRESS	s				
CiTY-ST-ZiP			4.4 CITY	ST-ZIP					
TITLE		☐ DELETE	5 1 TITLE			[	Change	e 🔲 Addition	
NAME			5.2 NAM						
STREET ADDRESS				1 ADDRES	is				
CITY-ST-ZIP		Flacter	5.4 CITY			<del></del>		e	
TITLE		DELETE	6 1 T/T <sub>1</sub>			L		→ ☐ vogeon	
NAME CYCCEL ADDRESS			6.2 NAM	ET ADDRES	28				
STREET ADDRESS			6 4 CITY		»				
CITY-ST-ZIP  14 Ldo hereh	v certify that the information supplied	with this fring is voluntarily fun-	sished and do	es not c	qualify for the exemption stated in Section	119.07(3)(k), Fid	orida Sta	tutes. I further	
certify that	d the information indicated on this and	nual report or supplemental and ipration or the receiver or truste	tual report is t se empowere	nua andi	quality for the exemption stated in Section accurate and that my signature shall have cute this report as required by Chapter 60	: the same local	i enect as	s it miade ur	

SIGNATURE: Do Mg 143 CUTE 1 PAINTED NAME OF SIGNATOR OFFICER OR DIPLECTOR

CR2E034 (12/95)

Daytime Phone #