

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **V60882** (0)
1. Corporation Name
BUCK ISLAND RANCH, INC.

95 APR 13 PM 3:18

Principal Place of Business Mailing Address
SUITE 213 4575 VIA ROYALE FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/31/1992** 3a. Date of Last Report **04/08/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0361747		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28	24	25	29	30		
Zip	Country	Zip	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAMPBELL, DAN SUITE 213 4575 VIA ROYALE FT. MYERS FL 33919				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DAN	12 NAME	
STREET ADDRESS	4575 VIA ROYALE, #213	13 STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, KEN	22 NAME	
STREET ADDRESS	3618 SE SANTA BARBARA PL	23 STREET ADDRESS	
CITY, ST, ZIP	CAPE CORAL FL	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, PARKE	32 NAME	
STREET ADDRESS	2279 1ST ST.	33 STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, TOM	42 NAME	
STREET ADDRESS	4525 VIA ROYALE #213	43 STREET ADDRESS	
CITY, ST, ZIP	FT MYERS FL 33919	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, RICHARD	52 NAME	
STREET ADDRESS	4473 PROGRESS AVE.	53 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	54 CITY, ST, ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, BILL	62 NAME	
STREET ADDRESS	1700 MONROE ST.	63 STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	64 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: _____ DATE: **5-17-95** **813-936-7800**
(Signature and typed or printed name of signing officer or director) (Date) (Original Filing #)