

**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 # **V60882** (0)

1. Corporation Name  
**BUCK ISLAND RANCH, INC.**



Principal Place of Business <b>SUITE 213 4575 VIA ROYALE FT. MYERS FL 33919</b>		Mailing Address <b>SUITE 213 4575 VIA ROYALE FT. MYERS FL 33919</b>		3. Date Incorporated or Qualified <b>08/31/1992</b>	3a. Date of Last Report <b>04/13/1995</b>
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2. Principal Place of Business 21 <b>4120 S.W. 1st PL</b>	2a. Mailing Address 26 <b>4120 S.W. 1st PL</b>	4. FEI Number <b>65-0361747</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State <b>Cape Coral, FL</b>	28 City & State <b>Cape Coral, Fla.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip <b>33914</b>	25 Country <b>USA</b>	29 Zip <b>33914</b>	30 Country <b>USA</b>
9. Name and Address of Current Registered Agent <b>CAMPBELL, DAN SUITE 213 4575 VIA ROYALE FT. MYERS FL 33919</b>		10. Name and Address of New Registered Agent	

81 Name <b>Dan Campbell</b>	85 Zip Code <b>33912</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>12540 Cold Stream Dr.</b>	
83	
84 City <b>Ft Myers</b>	85 State <b>FL</b>

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: **Dan Campbell - President** & **Douglas W. Campbell** 4-24-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>CAMPBELL, DAN</b> 4575 VIA ROYALE, #213 FT. MYERS FL	<input checked="" type="checkbox"/> DELETE	
TITLE <b>D</b>	<b>JONES, KEN</b> 3618 SE SANTA BARBARA PL CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE	
TITLE <b>D</b>	<b>LEWIS, PARKE</b> 2279 1ST ST. FT. MYERS FL	<input type="checkbox"/> DELETE	
TITLE <b>D</b>	<b>BAKER, TOM</b> 4525 VIA ROYALE #213 FT MYERS FL 33919	<input checked="" type="checkbox"/> DELETE	
TITLE <b>D</b>	<b>BURTON, RICHARD</b> 4473 PROGRESS AVE. NAPLES FL	<input checked="" type="checkbox"/> DELETE	
TITLE <b>D</b>	<b>NELSON, BILL</b> 1700 MONROE ST. FT. MYERS FL	<input type="checkbox"/> DELETE	
1. TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2. NAME	<b>Dan Campbell</b>		
3. STREET ADDRESS	<b>12540 Cold Stream Dr.</b>		
4. CITY - ST - ZIP	<b>Ft Myers, Fla. 33912</b>		
2. TITLE	<b>Sac/ Treas</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2. NAME	<b>Ken Jones</b>		
3. STREET ADDRESS	<b>4120 S.W. 1st PL</b>		
4. CITY - ST - ZIP	<b>Cape Coral, Fla. 33914</b>		
4.1 TITLE	<b>Tom Baker</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	<b>20340 Buckcrest Lane</b>		
4.3 STREET ADDRESS	<b>Alva, Fla. 33920</b>		
4.4 CITY - ST - ZIP	<b>Richard C.M. Burton II</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE	<b>4473 Progress Ave</b>		
5.2 NAME	<b>Naples, Fla 33942</b>		
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 119.07(3)(k), 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]** 4-24-96 941-549-9305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Douglas W. Jones**

CR2E034 (12/95)