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**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90042 036 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V60882**

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



Principal Place of Business

Mailing Address

~~204 S.E. 29TH TERRACE  
 CAPE CORAL FL 33904  
 US~~

~~204 S.E. 29TH TERRACE  
 CAPE CORAL FL 33904  
 US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/31/1992**

2. Principal Place of Business

2a. Mailing Address

21 **3300 PALM BCH BLVD.**

26 **3300 PALM BCH BLVD.**

4. FEI Number

**65-0361747**

Applied For  
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

City & State

23 **FT. MYERS, FL.**

27 **FT. MYERS, FL.**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip Country

Zip Country

24 **33916** 25 **US**

29 **33916** 30 **US**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, DAN**  
**12540 COLD STREAM DR**  
**FT. MYERS FL 33912**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE  
 NAME **CAMPBELL, DAN**  
 STREET ADDRESS **12540 COLD STREAM DR**  
 CITY-ST-ZIP **FT. MYERS FL 33912**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE ~~**ST**~~  DELETE  
 NAME ~~**JONES, KEN**~~  
 STREET ADDRESS ~~**204 S.E. 29TH TERRACE**~~  
 CITY-ST-ZIP ~~**CAPE CORAL FL 33904**~~

2.1 TITLE **ST**  Change  Addition  
 2.2 NAME **RUSH, SCOTT**  
 2.3 STREET ADDRESS **3300 PALM BCH. BLVD.**  
 2.4 CITY-ST-ZIP **FT. MYERS, FL. 33916**

TITLE **D**  DELETE  
 NAME **LEWIS, PARKE**  
 STREET ADDRESS **2279 1ST ST.**  
 CITY-ST-ZIP **FT. MYERS FL 33901**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **BAKER, TOM**  
 STREET ADDRESS **20340 BUCK CREST LANE**  
 CITY-ST-ZIP **ALVA FL**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **NELSON, BILL**  
 STREET ADDRESS **1700 MONROE STREET**  
 CITY-ST-ZIP **FT. MYERS FL 33901**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SCOTT D. RUSH** **3/15/99** **941-331-3121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C02E034 (11/98)