FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 128707 (7)

1. Corporation Name
LONGINO RANCH, INC.

Principal Place of Business	Mailing Address
ROUTE #2 BOX 695 ARCADIA FL 34266 US	ROUTE #2 BOX 695 ARCADIA FL ~~33821~~ 34266

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 02/28/1934

4. FEI Number: 59-0758782 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LONGINO JR,B T
RT. #2, BOX 695
ARCADIA FL 34266

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	STD	☐ Change ☐ Addition
NAME	LONGINO JR, B T		1.2 NAME	LONGINO, SARAH JANE	
STREET ADDRESS	RT. #2, BOX 695		1.3 STREET ADDRESS	7800 RICHWOOD DR.	
CITY-ST-ZIP	ARCADIA FL ~~34266~~		1.4 CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE	VD	☑ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	CURRY, JESSIE BETH		2.2 NAME	MINTON, BERRYMAN T.	
STREET ADDRESS	2625 NELA AVENUE		2.3 STREET ADDRESS	PO. BOX 670	
CITY-ST-ZIP	ORLANDO, FL 0		2.4 CITY-ST-ZIP	FORT PIERCE, FL. 34954	
TITLE	STD	☑ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	MINTON, SHIRLEY		3.2 NAME	MINTON, JOHN L. JR.	
STREET ADDRESS	1001 S 11TH STREET		3.3 STREET ADDRESS	1906 WELTIN ST.	
CITY-ST-ZIP	FORT PIERCE, FL 0		3.4 CITY-ST-ZIP	ORLANDO, FL. 32803	
TITLE	D	☑ DELETE	4.1 TITLE	VD	☐ Change ☐ Addition
NAME	PURVIS, M L		4.2 NAME	PURVIS, JAMES T.	
STREET ADDRESS	3210 ANGUS DR		4.3 STREET ADDRESS	3212 ANGUS DRIVE	
CITY-ST-ZIP	PRESCOTT, ARIZONA 0		4.4 CITY-ST-ZIP	PRESCOTT, ARIZONA 86301	
TITLE	~~D~~	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	~~THOMAS L CURRY~~		5.2 NAME	CURRY, THOMAS L	
STREET ADDRESS	~~11920 FORT ISLAND~~ TRAIL		5.3 STREET ADDRESS	11920 FORT ISLAND TRAIL	
CITY-ST-ZIP	~~CRYSTAL RIVER, FL. 34429~~		5.4 CITY-ST-ZIP	CRYSTAL RIVER, FL. 34429	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CURRY, PAUL L.		6.2 NAME		
STREET ADDRESS	2912 EAGLE ESTATES CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL. 34621		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.

SIGNATURE: B T LONGINO 5/15/98

CR2E034 (10/97)