

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 # 186395 (0)

1. Corporation Name
DEE RIVER RANCH INCORPORATED



Principal Place of Business: 431 MARKET STREET, P.O. BOX 7, MT. CARMEL IL 62863
Mailing Address: 431 MARKET STREET, P.O. BOX 7, MT. CARMEL IL 62863

3. Date Incorporated or Qualified: 07/06/1955
3a. Date of Last Report: 05/01/1995
4. FEI Number: 37-0863103
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc. (26)
23. City & State (27)
24. Zip (28)
25. Country (29)
26. Suite, Apt. #, etc. (30)
27. City & State (31)
28. Zip (32)
29. Country (33)

9. Name and Address of Current Registered Agent
**CAREY, JACK S.
575 SECOND AVENUE SOUTH
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEE J. ROY, JR.	
STREET ADDRESS	RR #3	
CITY-ST-ZIP	MT. CARMEL IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEE, MARY ANN	
STREET ADDRESS	RR #3	
CITY-ST-ZIP	MT. CARMEL IL	
TITLE	TDV	<input type="checkbox"/> DELETE
NAME	MORE, ANGELA D	
STREET ADDRESS	RT #1, PICKENS CO RD	
CITY-ST-ZIP	ALICEVILLE AL	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	BATES, NICOLE L	
STREET ADDRESS	RT #1	
CITY-ST-ZIP	ALLEDALE IL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	DEE, J ROY, III	
STREET ADDRESS	630 CHERRY STREET	
CITY-ST-ZIP	MT CARMEL IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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: J. Roy Dee III J. Roy Dee III 2-29-96 (618) 262-4136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)