

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

FILED
May 12 1998 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1998

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1955	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 37-0863103	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAREY, JACK S. 575 SECOND AVENUE SOUTH ST PETERSBURG FL 33701				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEE J. ROY, JR.		1.2 NAME	Lowrey, Angela Dee			
STREET ADDRESS	RR #3		1.3 STREET ADDRESS	Rt. #1, Pickens County Rd.			
CITY-ST-ZIP	MT. CARMEL IL		1.4 CITY-ST-ZIP	Aliceville, AL 35442			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President, ASD, ATD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEE, MARY ANN		2.2 NAME	Dee, J. Roy III			
STREET ADDRESS	RR #3		2.3 STREET ADDRESS	630 Cherry Street			
CITY-ST-ZIP	MT. CARMEL IL		2.4 CITY-ST-ZIP	Mt. Carmel, IL 62863			
TITLE	TDV	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary, Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MORE, ANGELA D		3.2 NAME	Dee, Michael			
STREET ADDRESS	RT #1, PICKENS CO RD		3.3 STREET ADDRESS	Rt. #1, Box M 163			
CITY-ST-ZIP	ALICEVILLE AL		3.4 CITY-ST-ZIP	Aliceville, AL 35442			
TITLE	SVD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEE, J ROY, III		4.2 NAME	Fischer, Jean Dee			
STREET ADDRESS	630 CHERRY STREET		4.3 STREET ADDRESS	R. R. 2, Box 85A			
CITY-ST-ZIP	MT CARMEL IL		4.4 CITY-ST-ZIP	Mt. Carmel, IL 62863			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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, on an attachment with an address.

SIGNATURE _____ J. Roy Dee, III 4-29-98 (618)262-4136

CR2E034 (10/97)