

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90028 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 186395

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
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DO NOT WRITE IN THIS SPACE

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

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			

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	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWREY, ANGELA D			1.2 NAME			
STREET ADDRESS	RT 1 PICKENS COUNTRY RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	ALICEVILLE AL 35442			1.4 CITY-ST-ZIP			
TITLE	VPAD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEE, J R III			2.2 NAME			
STREET ADDRESS	630 CHERRY STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	MT CARMEL IL 62863			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEE, MICHAEL			3.2 NAME			
STREET ADDRESS	RT 1 BOX M 163			3.3 STREET ADDRESS			
CITY-ST-ZIP	ALICEVILLE AL 35442			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISCHER, JEAN D			4.2 NAME			
STREET ADDRESS	RR 2 BOX 85A			4.3 STREET ADDRESS			
CITY-ST-ZIP	MT CARMEL IL 62863			4.4 CITY-ST-ZIP			
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Roy Dee III* **SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. Roy Dee III, Vice President

April 23, 1999 (618)262-4136

Date

Daytime Phone #

CR2E034 (1/198)