FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **233941** **(4)**

1. Corporation Name
BARTHLE BROTHERS RANCH, INC.

Principal Place of Business	Mailing Address
26801 BAYHEAD RD. DADE CITY FL 33525	26801 BAYHEAD RD. DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/03/1960
3a. Date of Last Report: 03/22/1994

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

4. FEI Number: 59-0921397 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SCHRADER, JEROME G.
301 E. MERIDIAN
DADE CITY FL 33525

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	11 TITLE	☐ Change ☐ Addition
NAME	BARTHLE, RANDOLPH	12 NAME	
STREET ADDRESS	26345 BAYHEAD RD.	13 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	V ☑ Change ☐ Addition
NAME	BARTHLE, STEPHEN	22 NAME	
STREET ADDRESS	2880 DELIVERANCE ST.	23 STREET ADDRESS	
CITY-ST-ZIP	COLORADO SPRINGS CO	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	BARTHLE, LAWRENCE	32 NAME	
STREET ADDRESS	17231 BELLAMY BROS. BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	DV ☐ Change ☑ Addition
NAME	BARTHLE, DOROTHY J	42 NAME	Paige, Kathleen
STREET ADDRESS	26500 BAYHEAD ROAD	43 STREET ADDRESS	Att. 1 Box 101N
CITY-ST-ZIP	DADE CITY FL	44 CITY-ST-ZIP	Crewiston, FL
TITLE	D	51 TITLE	V ☑ Change ☐ Addition
NAME	BARTHLE, MARK F.	52 NAME	
STREET ADDRESS	17899 BELLAMY BROS BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	54 CITY-ST-ZIP	
TITLE	STD	61 TITLE	☐ Change ☐ Addition
NAME	DILLLARD, JEANETTE	62 NAME	
STREET ADDRESS	15995 BELLAMY BROS BLVD.	63 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	64 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)(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: Jeanette Dillard Jeanette Dillard 4/26/95 904-588-4025
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0296408 CP