

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

3-21-96 B-2566-NC  
(0)

DOCUMENT # **298741**

1. Corporation Name

**RANKIN - TAYLOR GROVES, INC.**



Principal Place of Business

**17241 S. E. 168TH TERRACE  
POB 408  
WEIRSDALE FL 32195**

Mailing Address

**17241 S. E. 168TH TERRACE  
POB 408  
WEIRSDALE FL 32195**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified  
**11/15/1965**

3a. Date of Last Report  
**03/21/1995**

4. FEI Number  
**59-1111050**

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

10. Name and Address of New Registered Agent

**RANKIN, M E  
316 CANAL DRIVE  
LAKE WALES FL 33853**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	RANKIN, M E	STREET ADDRESS	316 CANAL DR	CITY- ST- ZIP	LAKE WALES FL	<input type="checkbox"/> DELETE
TITLE	VD	NAME	RANKIN, J.T.	STREET ADDRESS	HWY 42 E	CITY- ST- ZIP	WEIRSDALE FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	MAHONEY, BARRY	STREET ADDRESS	6225 MONTVIEW BLVD.	CITY- ST- ZIP	DENVER CO	<input type="checkbox"/> DELETE
TITLE	SD	NAME	RANKIN, L. JUDITH	STREET ADDRESS	HWY 42 E	CITY- ST- ZIP	WEIRSDALE FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	MAHONEY, ANNE RANKIN	STREET ADDRESS	6225 MONTVIEW BLVD.	CITY- ST- ZIP	DENVER CO	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		<input type="checkbox"/> DELETE

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:

*L. Judith Rankin* L. Judith Rankin, Secretary

3/18/96 (352) 871-7372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)