

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 # 401518 (6)

1. Corporation Name

SECURITY RANCHETTS, INC



Principal Place of Business

116 LAKE RING DR., S.E.
WINTER HAVEN FL 33880
US

Mailing Address

116 LAKE RING DR., S.E.
WINTER HAVEN FL 33880
US

3. Date Incorporated or Qualified
05/19/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 1435 Eagle Avenue

Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 844

Suite, Apt. #, etc.

4. FEI Number

59-1418943

Applied For

Not Applicable

22 City & State

23 Eagle Lake, Fl.

Zip

24 33839

Country

25 USA

27 City & State

28 Eagle Lake, Fl 33839

Zip

29 33839

Country

30 USA

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

SUPRINA, LOUIS L
116 LAKE RING DR., S.E.
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name

Ginger Paulk

82 Street Address (P.O. Box Number is Not Acceptable)

1435 Eagle Avenue

83

P. O. Box 844

84 City

Eagle Lake

FL

85 Zip Code
33839

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

Ginger Paulk
Signature (typed or printed name of registered agent and title if applicable)

Ginger Paulk, Sec.

4/24/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PAULK, ODESSA V.
STREET ADDRESS 1042 E. EAGLE AVE.
CITY-ST-ZIP EAGLE LAKE FL

TITLE ☐ DELETE

NAME PAULK, GINGER SUE
STREET ADDRESS 1045 EAGLE AVENUE
CITY-ST-ZIP EAGLE LAKE FL

TITLE ☒ DELETE

NAME SUPRINA, LOUIS L.
STREET ADDRESS 116 LAKE RING DR SE
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3005 Plantation Rd. SE
Winter Haven, Fl. 33884

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1435 Eagle Avenue
Eagle Lake, Fl. 33839

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

***200.00

6.1 TITLE ☐ Change ☐ 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:

Ginger Paulk
Signature and typed or printed name of signing officer or director

Ginger Paulk, Sec. 4/24/96 (941) 293-0138

Date

Daytime Phone #

CR2E034 (12/95)

AB
4-30-96