

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **467262** (2)

1. Corporation Name
CIRCLE I RANCH, INC.



Principal Place of Business: **7449 CARLTON ROAD FT. PIERCE FL 34988**
Mailing Address: **7449 CARLTON ROAD FT. PIERCE FL 34988**

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

3. Date Incorporated or Qualified 01/07/1975	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1564917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HUMPHRIES, JOANNE
7449 CARLTON RD.
FT. PIERCE FL 34988**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.054(1) and 607.150(5), 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 will be authorized by the corporation's Board of Directors, hereby accepting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.050(5), Florida Statutes.

SIGNATURE _____ DATE _____
Signature of Registered Agent (Type or Print Name in Full) Date of Appointment (Type or Print)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUMPHRIES, JOANNE C.	2. NAME
STREET ADDRESS: 7449 CARLTON RD.	3. STREET ADDRESS
CITY-STATE-ZIP: FT. PIERCE FL	4. CITY-STATE-ZIP
TITLE: S <input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUMPHRIES, JOANNE C.	6. NAME
STREET ADDRESS: 7449 CARLTON RD.	7. STREET ADDRESS
CITY-STATE-ZIP: FT. PIERCE FL	8. CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE	10. NAME
STREET ADDRESS: <input type="checkbox"/> DELETE	11. STREET ADDRESS
CITY-STATE-ZIP: <input type="checkbox"/> DELETE	12. CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE	14. NAME
STREET ADDRESS: <input type="checkbox"/> DELETE	15. STREET ADDRESS
CITY-STATE-ZIP: <input type="checkbox"/> DELETE	16. CITY-STATE-ZIP

14. I do hereby certify that the information supplied within this filing is true, correct and does not omit any material information 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 this 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 of this report, or on an attachment with an address.

SIGNATURE *Joanne C. Humphries* **Joanne C. Humphries** **4-23-96** **409-415/440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed

CR2E034 (12/95)