

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **841930** (1)
1. Corporation Name
RANGERS OF AMERICA, INC.

Principal Place of Business Mailing Address
2528 W. COLONIAL DR. ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/30/1978** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1982475** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **7523 ALOMA AV**
Suite, Apt. #, etc. 26 Suite, Apt. #, etc. **STE. 108**
22 **WINTER PARK FL**
City & State 27 City & State
23 **32792** **USA**
Zip Country 29 Zip Country 30

5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JACKSON, DARRELL L.
111 S. BUTLER DR.
ORLANDO FL 32806

10. Name and Address of New Registered Agent
81 Name **DARRELL L JACKSON**
82 Street Address (P.O. Box Number is Not Acceptable) **7910 SHOALS DR APT B**
83
84 City **ORLANDO** FL 85 Zip Code **32817**

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JACKSON, DARRELL 111 S. BUTLER DR. ORLANDO FL 32806	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	PD JACKSON, DARRELL 7910 SHOALS DR APT B. ORLANDO, FL 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BRUNING, RICHARD 31645 LAKE DRIVE EUSTIS FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	VD ROBINSON, TERRY, L. 1190 S. RARITAN ST APT 1 DENVER CO. 80223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RICKY JACKSON 111 S. BUTLER DR. ORLANDO FL 32804	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	TD TAYLOR, RICHARD 106 RABUN CT SANFORD FL 32773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Darrell L Jackson DARRELL JACKSON 4/26/95 407 657-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Number #