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**Jan 23 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # H77185 (7)

1. Corporation Name
MYRTLE ISLAND RANCH, INC.



Principal Place of Business: **5001 SW RUCKS DAIRY RD. OKEECHOBEE FL 34974**
Mailing Address: **5001 SW RUCKS DAIRY RD. OKEECHOBEE FL 34974-8652**

3. Date Incorporated or Qualified: **09/20/1985**
3a. Date of Last Report: **04/12/1996**

2. Principal Place of Business: **5001 SW Rucks Dairy Rd**
21 Suite, Apt. #, etc.
22 **Okeechobee Fl 34974**
23 City & State
24 Zip
25 **Fla**
26 **5001 SW Rucks Dairy Rd**
27 **Okeechobee Fl 34974**
28 City & State
29 Zip
30 **Fla**

4. FEI Number: **59-1446845**
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
PEARCE, ROY E.
~~1122 SW 15TH ST~~ **5001 SW Rucks Dairy Rd**
OKEECHOBEE FL 33474
34974

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: Roy E Pearce
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEARCE, ROY E.	
STREET ADDRESS	1122 S.W. 15TH ST.	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEARCE, EARL D.	
STREET ADDRESS	5001 SW RUCKS DAIRY RD	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STRATTON, MARGARET P.	
STREET ADDRESS	2151 S.W.-28TH-AVE.	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BARTLETT, JANE P.	Deceased
STREET ADDRESS	20464 VANGUARD TERRACE	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEARCE, DOROTHY R.	
STREET ADDRESS	5001 SW RUCKS DAIRY RD	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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: Dorothy R Pearce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/15/97 941-7635-665
Daytime Phone #

CR2E034 (9/96)