

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/20/1985 | |
| 4. FEI Number 59-1446845 | Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|---|
| 2. Principal Place of Business 21 5001 SW Rucks Dairy Rd Suite, Apt. #, etc. 22 Okeechobee Fla 34974 City & State 23 Fla Zip 24 34974 Country 25 Fla | 2a. Mailing Address 26 5001 SW Rucks Dairy Rd Suite, Apt. #, etc. 27 Okeechobee Fla 34974 City & State 28 Zip 29 34974 Country 30 Fla |
|---|---|

10. Name and Address of New Registered Agent

| |
|---|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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 | 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 | | |
| 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 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*

21 20 / 98 / 941-7635665

CR2E034 (10/97)