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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1/2550

1. Corporation		,					
SOARIN	G EAGLE RANCH, INC.						
)	<u> </u>	
Principal Place of Business Mailing Address							
11617 INNFIELD	OS DR.	11617 INNFIELDS DR.			•		
SUITE A SUITE A ODESSA FL 33556 ODESSA FL 33556					DO NOT WRITE IN THIS SPACE		
US	330	US			3. Date Incorporated or Qualifed		
					11/21/1986		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	died For
21		26			59-2743543	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		5. Certifcate of Status Desired	\$8.75 A	
22		27			a. Certificate of Status Desired	Fee Rec	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	'	8. This corporation owes the current year		□No
24	9. Name and Address of Curren		30		Personal Property Tax. 10. Name and Address of New Register		LINO
<u> </u>	9. Name and Address of Curren	it Registered Agent	81	Name	10. Name and Address of New Register	ou Agent	
BLAN	nton, Henry H.						
11617 INNFIELDS DR.			82	Street A	Address (P.O. Box Number is Not Acceptable)		
SUIT	ΕA		83	<u> </u>			
ODE	SSA FL 33556				· · · · · · · · · · · · · · · · · · ·		
			84	City	F	5 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above	e-named o	corporation submits this statement for the purpose	of changing its	egistered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by da Statutes	the corpo	oration's board of directors. I hereby accept the ap	pointment as reg	istered
SIGNATURE							
SIGNATORE	Signature, typed or printed name of registered age		Registered Ager	it signature re	equired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PST DIAMETON LIENDY II	☐ DELETE	1.1 TITLE			🔯 Change	☐ Addition
NAME	BLANTON, HENRY H.		1.2 NAME		11/17 7 61 11 7 1		
STREET ADDRESS	11623 INNFIELDS DRIVE				11617 Innfields Drive		
CITY-ST-ZIP			1.4 CITY-S' 2.1 TITLE	T- ZIP	Odessa, FL 33556	☐ Change	☐ Addition
TITLE						∐ Change	Addition
NAME			2.2 NAME		•		
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CITY-S 3.1 TITLE	1-21		- ~ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	į			
TITLE		☐ DELETE	4.1 TITLE	11-21	***************************************	☐ Change	Addition
NAME		_	4. 2 NAME			_ ,	
STREET ADDRESS			4.3 STREET	ADORESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE	,		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADORESS	•		
CITY-ST-ZIP			5.4 CITY-S	r-zip	· ·		
TITLE		☐ DELETÉ	6.1 TITLE	1		☐ Change	Addition
NAME			6.2 NAME		•		
STREET ADDRESS			6.3 STREET	ADDRESS			

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, of one an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 920-6602