

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J95156

(2)

1. Corporation Name

BLACK DIAMOND RANCH, INC.

95 MAY -1 PM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2600 W BLACK DIAMOND CIR
LECANTO FL 34461
US

Home Address

2600 W BLACK DIAMOND CIR
LECANTO FL 34461
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation in Country
10/01/1987

3a. Date of Last Report
05/01/1994

4. FIC Number
59-2854638

Applied Fee
Not Applicable

5. Certificate of Status: Domestic ☐

\$8.75 Additional
Fee Required

6. Executive Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199(2)(c)
Florida Statute ☐ Yes ☒ No

2. Director, President, or Shareholder

21

2a. Home Address

26

22. State Agent

27. State Agent

23. Secretary

28. Secretary

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARMAN, JAMES W.
6142 W CORPORATE OAKS DRIVE
CRYSTAL RIVER FL 34429

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. By signing this statement, I, as President, Secretary, and Director of this corporation, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am not aware of any information which would cause the corporation to be delinquent in its filing obligations under the provisions of Chapter 199, Florida Statutes.

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME

DP

OLSEN, STANLEY C.
2600 W. BLACK DIAMOND CIRCLE
LECANTO FL

NAME

STD

LAGREE, TERRILL A.
2600 W. BLACK DIAMOND CIRCLE
LECANTO FL

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

Delete

S, T, D
James W. Carman
2600 W. Black Diamond Circle
Lecanto, FL- 34461

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James W. Carman

904/795-6600