

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Teresa B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **K64119 (6)**
1. Corporation Name
RANJO, INC.

56 MAY - 1 PM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Private P.O. Box Number: **% TERYL L. JONES**
1702 22ND AVE NORTH
LAKE WORTH FL 33460-6051

Mailing Address: **% TERYL L. JONES**
1702 22ND AVE NORTH
LAKE WORTH FL 33460-6051

(Do not write in this space)

3. Date incorporated or succeeded: **02/03/1989** 3a. Date of Last Report: **05/23/1994**

4. FEI Number: **65-0151721** 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 § 199.032, Florida Statutes: Yes No

2. Principal Office Location: **21** 2a. Mailing Address: **26**

22. State: **27** State: **27**

23. City: **28** City: **28**

24. County: **25** County: **29** Zip: **30**

9. Name and Address of Current Registered Agent

JONES, TERYL L.
1702 22ND AVENUE NORTH
LAKE WORTH FL 33460

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. I, the signatory, the president of Ranjo, Inc. and last 1994 Florida Statutes, the duty of named corporation submits this statement for the purpose of changing its registered office as set forth in the provisions of the Florida Statutes. I hereby request the appointment as registered agent. I am a resident of the State of Florida and I am a resident of the State of Florida.

Signature: _____ Date: _____

12. OFFICERS AND DIRECTORS

11. NAME: **CD**
JONES, TERYL L.
1702 22ND AVE NORTH
LAKE WORTH FL

12. NAME: **SD**
RANDLE, ETHEL
381 W. 36 ST
RIVIERA BEACH FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13. NAME: _____ Change Addition

14. NAME: _____ Change Addition

15. NAME: _____ Change Addition

16. NAME: _____ Change Addition

17. NAME: _____ Change Addition

18. NAME: _____ Change Addition

19. NAME: _____ Change Addition

20. NAME: _____ Change 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 199.032(1)(b), Florida Statutes. I further certify that the information included 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 division or successor to one who the report as required by Chapter 217, Florida Statutes, and that my name appears in Block 12 or Block 13 as required, or in an alternate filing address.

SIGNATURE: *Teryl L. Jones (President)*
TERYL L. JONES

3/8/95 (407) 597-0053