

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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 95 MAY - 1 11 01 95
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mathiam
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **N46738** (3)
 1. Corporation Name:
J & D BOYS RANCH, INC

Principal Place of Business: **4531 WEBBER ST SARASOTA FL 34232-5159**
 Mailing Address: **4531 WEBBER ST SARASOTA FL 34232-5159**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/06/1992**
 3a. Date of Last Report: **03/02/1994**

4. FEI Number: **65-0318958**
 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 100.019? Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent:
**AUCHEY, RICHARD N.
 4531 WEBBER ST
 SARASOTA FL 34232-5159**

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: _____
(Signature required in printed form of registered agent and the corporation) (Registered Agent signature required when necessary) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD AUCHEY, RICHARD N 4531 WEBBER STREET SARASOTA FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUCHEY, RICHARD N	12 NAME	
STREET ADDRESS	4531 WEBBER STREET	13 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	
TITLE	VD AUCHEY, JOLENE M 4531 WEBBER STREET SARASOTA FL	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUCHEY, JOLENE M	22 NAME	
STREET ADDRESS	4531 WEBBER STREET	23 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	
TITLE	SD AUCHEY, NEVIN D. 2388 HIVELEY ST SARASOTA FL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUCHEY, NEVIN D.	32 NAME	
STREET ADDRESS	2388 HIVELEY ST	33 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	
TITLE	TD LIGHT, H. M JR. 280 WILLOWICK WAY VENICE FL	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHT, H. M JR.	42 NAME	
STREET ADDRESS	280 WILLOWICK WAY	43 STREET ADDRESS	
CITY ST ZIP	VENICE FL	44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 110.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Richard N. Auchey* **RICHARD N. AUCHEY** DIRECTOR 4-29-95 813-397-6497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number