

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90004 001 ****61.25

0008118

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000003806

Corporation Name
471 RANCH, INC.

613863 - 90004 - 1

Principal Place of Business
 575 W PIERCE STREET
 LAKE ALFRED FL 33850

Mailing Address
 575 W PIERCE STREET
 LAKE ALFRED FL 33850



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/18/1996	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3389937	
Country		Country		Applied For	
25		29		Not Applicable	
28		30		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent
 DIXON, DAVID
 575 W PIERCE STREET
 LAKE ALFRED FL 33850

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

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
STREET ADDRESS	PSTD DIXON, DAVID	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP	575 W PIERCE STREET LAKE ALFRED FL 33850		1.2 NAME		
STREET ADDRESS	D DUDNEY, DAVID	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
ST-ZIP	145 E COLUMBIA ST. LAKE ALFRED FL		1.4 CITY-ST-ZIP		
STREET ADDRESS	D DIXON, LARRY A	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP	575 W PIERCE ST LAKE ALFRED FL		2.2 NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
ST-ZIP			2.4 CITY-ST-ZIP		
STREET ADDRESS		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			3.2 NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
ST-ZIP			3.4 CITY-ST-ZIP		
STREET ADDRESS		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			4.2 NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
ST-ZIP			4.4 CITY-ST-ZIP		
STREET ADDRESS		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			5.2 NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
ST-ZIP			5.4 CITY-ST-ZIP		
STREET ADDRESS		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			6.2 NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
ST-ZIP			6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 Signature and typed or printed name of signing officer or director
 David A. Dixon
 941-956-8113

CR2E037 (5/99)