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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90124 032 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **V34688**

1. Corporation Name

DESERET RANCHES OF FLORIDA, INC.



Principal Place of Business

13754 DESERET LANE
 ST CLOUD FL 34773

Mailing Address

13754 DESERET LANE
 ST CLOUD FL 34773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1992

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

65-0370859

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

JAMES B PAYNE
 13754 DESERET LANE
 13754 DESERET LANE
 ST CLOUD FL 34773

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. 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GENHO, PAUL C	
STREET ADDRESS	13754 DESERET LANE	
CITY-ST-ZIP	ST CLOUD FL 34773	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RUECKERT, THOMAS G	
STREET ADDRESS	139 E SOUTH TEMPLE	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COOK, KENT L	
STREET ADDRESS	13754 DESERT LANE	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CREET, JOHN W	
STREET ADDRESS	139 EAST SOUTH TEMPLE	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMOREAUX, ROBERT	
STREET ADDRESS	139 E. SOUTH TEMPLE STE. 110	
CITY-ST-ZIP	SALT LAKE CITY UT 84111	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P FERREN K. SQUIRES	
1.3 STREET ADDRESS	13754 DESERET LANE	
1.4 CITY-ST-ZIP	St. Cloud, Florida 34773	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kent L. Cook (Kent L. Cook) Pres. Secretary

4/26/99

(407) 892-3672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)