

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 10:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K64923

(1)

1. Corporation Name

JUPITER RANCH, INC.

Principal Place of Business

**C/O JACK B. OWEN JR.
4500 PGA BLVD STE 400
PALM BEACH GARDENS FL 33418**

Mailing Address

**C/O JACK B. OWEN JR.
4500 PGA BLVD STE 400
PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/10/1989

3a. Date of Last Report

05/01/1994

4. FBI Number

65-0099584

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26 **7150 SW Kanner Highway**

Suite, Apt. #, etc.

City & State

28 **Indiantown, FL 34956**

Zip

Country

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

**BURG, CLIFFORD F
7150 SW KANNER HWY
INDIANTOWN FL 34956**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DP
DVOSTA, OTTO
4500 PGA BLVD
PALM BCH GRNS FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DST
DVOSTA, BETTY J
4500 PGA BLVD
PALM BCH GRNS FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DV
BURG, CLIFFORD F
7150 SW KANNER HWY
INDIANTOWN FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

CLIFFORD F. BURG, VICE PRESIDENT

4/8/95

407-287-2111

Date

Daytime Phone #