

1/5/98
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **390649** (2)

1. Corporation Name
PARKVIEW RANCH, INC.

Principal Place of Business 5 1/4 MILES WEST OF AVON PARK ON HWY 64 AVON PARK FL 33825 US	Mailing Address PO BOX 1057 AVON PARK FL 33825 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1971	
21 Suite, Apt. #, etc.	26	4. FEI Number 59-1365445		Applied For Not Applicable	
22 City & State	27	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent WRIGHT, P J 1519 LAKE LOVELA DR AVON PARK FL 33825		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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	D BROTHERTON, PATRICIA C	1.2 NAME	
STREET ADDRESS	665 PELICAN BAY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DVP SUTHERLAND, ARDEN A	2.2 NAME	
STREET ADDRESS	208 E. CANFIELD	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	D HOUSTON, STEPHANIE	3.2 NAME	
STREET ADDRESS	6466 VIA TOWNSEND	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DS THOMPSON, ANNA JOYCE	4.2 NAME	
STREET ADDRESS	LAKE LOVELA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DP WILLIAMS, CHARLES R	5.2 NAME	
STREET ADDRESS	RT. 2, BOX 650	5.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DT WILLIAM, HELEN N.	6.2 NAME	
STREET ADDRESS	RT 2, BOX 650	6.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	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.

SIGNATURE: *H. Williams* 1/23/98

CR2E034 (10/97)