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FILED

Mar 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 677517 (5)  
1. Corporation Name  
PRAIRIE RIVER RANCH, INC.



Principal Place of Business

Mailing Address

500 N WESTSHORE  
SUITE 1000  
TAMPA FL 33609  
US

PO BOX 2888  
TAMPA FL 33622  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1980

4. FEI Number

59-2004237

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 1000 N ASHLEY DR  
Suite, Apt. #, etc.

22 Suite 101  
City & State

23 TAMPA, FL

24 33602  
Zip

Country

2a. Mailing Address

26 Same as  
Suite, Apt. #, etc.

27 Principal Place  
City & State

28 Business  
City & State

29  
Zip

Country

10. Name and Address of New Registered Agent

81 Name James I. Rickard, III, C.P.A.

82 Street Address (P.O. Box Number is Not Acceptable)  
90 Rickard & Associates, P.A.

83 1000 N ASHLEY DR Suite 101

84 TAMPA FL 85 33602

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 STD  
NAME CONSTANINI, GHISLAIN  
STREET ADDRESS 6100 W KENNEDY BLVD #460  
CITY-ST-ZIP TAMPA FL 33609

TITLE AS  
NAME EDWARDS, JOSEPH  
STREET ADDRESS P.O. BOX 3433  
CITY-ST-ZIP TAMPA FL 33601 N/A

TITLE PD  
NAME POCHETZ, PATRICE  
STREET ADDRESS 5100 W KENNEDY BLVD #460  
CITY-ST-ZIP TAMPA FL 33609

TITLE D  
NAME MAZEAUD, OLIVER  
STREET ADDRESS 6100 W KENNEDY BLVD #460  
CITY-ST-ZIP TAMPA FL 33609

TITLE D  
NAME RANDON, ALAIN  
STREET ADDRESS 5100 W KENNEDY BLVD #460  
CITY-ST-ZIP TAMPA FL 33609

TITLE D  
NAME DHOTEL, DANIEL  
STREET ADDRESS 6100 W KENNEDY BLVD #460  
CITY-ST-ZIP TAMPA FL 33609

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1000 N ASHLEY DR. Suite 101  
1.4 CITY-ST-ZIP TAMPA, FL 33602 (N/A)

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 100002444861  
2.4 CITY-ST-ZIP -03/03/98--01011--016  
\*\*\*300.00

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 1000 N ASHLEY DR. Suite 101  
3.4 CITY-ST-ZIP TAMPA, FL 33602 (N/A)

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 1000 N ASHLEY DR Suite 101  
4.4 CITY-ST-ZIP TAMPA, FL 33602 (N/A)

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 1000 N ASHLEY DR. Suite 101  
5.4 CITY-ST-ZIP TAMPA, FL 33602 (N/A)

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS 1000 N ASHLEY DR Suite 101  
6.4 CITY-ST-ZIP TAMPA, FL 33602 (N/A)

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:

FEB 03 98 / 8/2 / 689 7242

CR2E034 (10/97)