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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 390649

1. Corporation Name
PARKVIEW RANCH, INC.

Principal Place of Business	Mailing Address
5 1/4 MILES WEST OF AVON PARK ON HWY 64 AVON PARK FL 33825 US	PO BOX 1057 AVON PARK FL 33825 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

3. Date Incorporated or Qualifed: 11/02/1971

4. FEI Number: 59-1365445 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

WRIGHT, P J
1519 LAKE LOTELA 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	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	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	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	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	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	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, ANNA JOYCE		4. 2 NAME		
STREET ADDRESS	LAKE LOTELA DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		4.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	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	DT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	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, with all other like empowered.

SIGNATURE: Charles R Williams Pres 2-9-98 941-453-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)