

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90035 040 ***150.00

DOCUMENT # 151110

1. Corporation Name
EPCO RANCH, INC.



Principal Place of Business
BOX 231 STATE ROAD 577
SAN ANTONIO FL 33576-0231

Mailing Address
BOX 231 STATE ROAD 577
SAN ANTONIO FL 33576-0231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1947

4. FEI Number

59-0932111

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

EPPERSON, ANITA G
BOX 231, STATE RD 577
SAN ANTONIO FL 33576

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 PD
NAME EPPERSON, GEORGE B.
STREET ADDRESS BOX 231 STATE RD
CITY-ST-ZIP SAN ANTONIO FL
☐ DELETE

TITLE VD
NAME EPPERSON, GEORGE L.
STREET ADDRESS BOX 231 STATE RD
CITY-ST-ZIP SAN ANTONIO FL
☐ DELETE

TITLE TD
NAME EPPERSON, ANITA G.
STREET ADDRESS BOX 231 STATE RD, 577
CITY-ST-ZIP SAN ANTONIO FL
☐ DELETE

TITLE D
NAME ABBITT JR, JAMES M
STREET ADDRESS 2608 COVENTRY ST
CITY-ST-ZIP LAKE LAND FL
☐ DELETE

TITLE STD
NAME ABBITT, ALPHA E.
STREET ADDRESS 770 SOLEDAD AVENUE
CITY-ST-ZIP BARTOW FL
☐ DELETE

TITLE D
NAME ABBITT, ALICE A.
STREET ADDRESS 770 SOLEDAD AVENUE
CITY-ST-ZIP BARTOW FL
☐ DELETE

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 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 E. Epperson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99

813-973-1093

CR2E034 (1/98)

0092692