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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

167485

(2)

C. C. RANCH, INC.

Mailing Address

748 N DONNELLY ST MT DORA FL 32757

Principal Place of Business

748 N. DONNELLY ST. MT DORA FL 32757

**FILED** 

Apr 15 1998 8:00am

Secretary of State

| DO NOT WRITE IN THIS SPACE  |              |
|---|--------------|
| 3. Date Incorporated or Qualified   |              |
| 12/20/1951  |              |
| Mailing Address 4. FEI Number App   | plied For    |
|   | t Applicable |
| Suite, Apt. #, etc.   5. Certificate of Status Desired   \$8.75 A   | Additional   |
| Fee Rec   | quired       |
| City & State 6. Election Campaign Financing \$5.00 i  | May Be       |
| Trust Fund Contribution Added to  |              |
| 7ip Country 8. This corporation owes or has paid the current year Inta  | _ ~          |
|   | ] No         |
| red Agent 10. Name and Address of New Registered Agent  |              |
| WATTERS, JUNE C 748 N DONNELLY STREET  R2 Street Address (P.O. Box Number is Not Assentable)  |              |
| 82 Street Address (P.O. Box Number is Not Acceptable)   |              |
|   |              |
| 83  |              |
| 84 City 85 Zip C  | S1-          |
| FL 85 Zip C   | 2008         |
| .1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its   | s registered |
| . Such change was authorized by the corporation's board of directors. I hereby accept the appointment as re<br>Section 607.0505. Florida Statutes   | registered   |
| notion 607.0000, Fining Claudes.  | :            |
| applicable. (NOTE: Registered Agent signature required when reinstaling) DATE   |              |
|   | S IN 12      |
| DELETE 1.1 TITLE Change   | ☐ Addition   |
| 12 NAME   |              |
| 1.3 STREET ADDRESS  |              |
| 1.4 City-ST-7/P   |              |
| DELETE 21 TITLE Change  | Addition     |
| 2.2 NAME  | _            |
| 23 STREET ADDRESS   |              |
|   |              |
| · · · · · · · · · · · · · · · · · · ·   | Addition     |
| _   |              |
|   |              |
| l l   |              |
|   | Addition     |
|   |              |
|   |              |
| · · · · · · · · · · · · · · · · · · ·   |              |
| ····· page  | Ajavii       |
|   | Addition     |
|   |              |
|   |              |
| 5.4 C(TY-ST-Z)P   |              |
|   | Addition     |
| 6.2 NAME  |              |
| 6.3 STREET ADDRESS  |              |
| 64 CITY-ST-ZIP  | 1            |
| Succión 607.0505, Florida Statutes.  Inplicable (NOTE: Registered Agent aignature required when reinstating) DATE  ORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  DELETE 11 TITLE Change  13 STREET ADDRESS 14 CITY-ST-ZIP  DELETE 31 TITLE Change  23 STREET ADDRESS 24 CITY-ST-ZIP  DELETE 31 TITLE Change  14 CITY-ST-ZIP  DELETE 31 TITLE Change  15 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP  DELETE 51 TITLE Change  4 SAME 43 STREET ADDRESS 44 CITY-ST-ZIP  DELETE 51 TITLE Change  52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP  DELETE 51 TITLE Change  53 STREET ADDRESS 54 CITY-ST-ZIP  DELETE 51 TITLE Change  Change Change | S IN 1:      |

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.

June C. Walters