FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 203950 (1)

1. Corporation Name
JMC RANCH, INC.

APPROVED AND FILED

95 MAR 25 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1053 SUNSET DRIVE LAKE WALES FL 33853	1053 SUNSET DRIVE LAKE WALES FL 33853

3. Date Incorporated: 07/01/1957 — Year of Last Report: 04/28/1994

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

4. FEI Number: 59-0804569 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARTER, MARTHA 1053 SUNSET DRIVE LAKE WALES FL 33853	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	YOUMANS, MARY C.	1.2 NAME	
STREET ADDRESS	431 E CENTRAL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, MARTHA B.	2.2 NAME	
STREET ADDRESS	1053 SUNSET DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, CLAUDE B.	3.2 NAME	
STREET ADDRESS	8605 W KNIGHT GRIFFIN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, HUGO A.	4.2 NAME	
STREET ADDRESS	602 PINE TREE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ULLMAN, MARTHA J.	5.2 NAME	
STREET ADDRESS	1316 S. HIGHLAND PRK DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, JOSEPH J, JR	6.2 NAME	
STREET ADDRESS	6524 RAMOTH DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Martha B Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0317995 CP