

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 203950 (1)

1. Corporation Name
JMC RANCH, INC.



Principal Place of Business
1053 SUNSET DRIVE
LAKE WALES FL 33853

Mailing Address
1053 SUNSET DRIVE
LAKE WALES FL 33853

3. Date Incorporated or Qualified 07/01/1957	3a. Date of Last Report 03/22/1995
4. FEI Number 59-0804569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

CARTER, MARTHA
1053 SUNSET DRIVE
LAKE WALES FL 33853

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 date of appointment (NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	YOUNG, MARY C.	<input type="checkbox"/> DELETE
NAME		431 E CENTRAL AVE	
STREET ADDRESS		LAKE WALES FL	
CITY-STATE-ZIP			
TITLE	P	CARTER, MARTHA B.	<input type="checkbox"/> DELETE
NAME		1053 SUNSET DRIVE	
STREET ADDRESS		LAKE WALES FL	
CITY-STATE-ZIP			
TITLE	D	CARTER, CLAUDE B.	<input type="checkbox"/> DELETE
NAME		8805 W KNIGHT GRIFFIN RD	
STREET ADDRESS		PLANT CITY FL	
CITY-STATE-ZIP			
TITLE	D	CARTER, HUGO A.	<input type="checkbox"/> DELETE
NAME		602 PINE TREE LANE	
STREET ADDRESS		PALM CITY FL	
CITY-STATE-ZIP			
TITLE	D	ULLMAN, MARTHA J.	<input type="checkbox"/> DELETE
NAME		1316 S. HIGHLAND PRK DR	
STREET ADDRESS		LAKE WALES FL	
CITY-STATE-ZIP			
TITLE	D	CARTER, JOSEPH J, JR	<input type="checkbox"/> DELETE
NAME		6524 RAMOTH DR.	
STREET ADDRESS		JACKSONVILLE FL	
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(k), 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