

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 230938 (3)

1. Corporation Name
MABRY CARLTON RANCH, INC.



Principal Place of Business
**SIDEL ROAD SARASOTA CO.
RT 2 BOX 710
ARCADIA FL 33821**

Mailing Address
**SIDEL ROAD SARASOTA CO.
RT 2 BOX 710
ARCADIA FL 33821**

2. Principal Place of Business

2a. Mailing Address

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
Country	Country

3. Date Incorporated or Qualified
12/09/1959

3a. Date of Last Report
02/07/1995

4. FEI Number 59-0884919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARLTON, BARBARA B.
SIDELL ROAD, SARASOTA COUNTY
ROUTE 2 BOX 710
ARCADIA FL 33821**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0812 and 607.1506, 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: **BARBARA B. CARLTON** *Barbara B. Carlton* 1/26/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	2. NAME	12. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	3. STREET ADDRESS	13. STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4. TITLE	5. NAME	14. CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	6. STREET ADDRESS	21. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	7. CITY-ST-ZIP	22. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	8. TITLE	23. CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	9. NAME	24. CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	10. STREET ADDRESS	3. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	11. CITY-ST-ZIP	32. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	4. TITLE	33. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	5. NAME	34. CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	6. STREET ADDRESS	4. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	7. CITY-ST-ZIP	42. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	8. TITLE	43. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	9. NAME	44. CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	10. STREET ADDRESS	5. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	11. CITY-ST-ZIP	52. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	6. TITLE	53. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	7. NAME	54. CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	8. STREET ADDRESS	6. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	9. CITY-ST-ZIP	62. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	10. CITY-ST-ZIP	63. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		64. CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

3176 Summit Sq Dr. B-5
Oakton, Va. 22124

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 treasurer 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: **Barbara B. Carlton** 1/26/96 813-322-1135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)