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

PROFIT CORPORATION ANNUAL REPORT

1997

GEARY RANCH CORP.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(3)

FILED Apr 16 1997 8:00am Secretary of State

Principal Place of Business Mailing Address				F 1901/0 1/4000 11/16 (FDTO 1/804 DIVIL DID	4 01031 01015 01011 01014 01011 05055 1601	
C/O PLANT PRODUCTS CORP PO BOX 1149 41ST STREET VERO BEACH FL 32961		C/O PLANT PRODUCTS CORP PO BOX 1149 41ST STREET VERO BEACH FL 32961-1149		3. Date Incorporated or Qualified	3a. Date of Last Report	
					01/18/1960	04/22/1996
<u> </u>	lace of Busness	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		26		59-0921585	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country		Country		Trust Fund Contribution	Added to Fees
24	25 29				8. This corporation has liability for Florida Statutes	ntangible tax under s. 199.032, Yes
	9. Name and Address of Current	t Registered Agent		1. 1	10. Name and Address of New Re	gistered Agent
	ARY JR., ROBERT		81	Name		
6655 53RD ST. POST OFFICE BOX 1089		•	82	Street Addi	ress (P.O. Box Number is Not Acceptab	le)
	IO BEACH FL 32961		83	1		
			84	City		■■ 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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
12.	Signature: typed or protect many of registered ages OFFICERS AND		t Tegeslered Age	ent signature receir	ed when rehistaling) ADDITIONS/CHANGES TO OFFIC	DATE COLORD IN 10
TITLE	OF THE NAME	DEFFE	1,1 1000		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	GEARY, ROBERT J JR		1.2 NAME			EJ VIII Igo EJ ZIGONION
STREET ADDRESS	6655 53RD ST		1.3 STHEEL ADDRESS			
CITY-ST-ZIP	VERO BCH, FL 00000		1.4 GBY-S1-7P			
TITLE	ST DELETE		23 100 f			Change Addition
NAME	THOMAS, BARBARA		2.2 NAME			
STREET ADDRESS	6-56 50TH ST		2.3 STREET	LADDRESS		
CITY-ST-ZIP	VERO EBAHC FL	□ psitys	2.4 CITY - ST - ZIF			
TITLE NAME	GEARY, EDWARD J	DELFTE				☐ Change ☐ Addition
STREET ADDRESS	MASSEY RD		3.2 NAME	there is a		
CITY-ST-ZIP	WABASSO FL		3.3 STREET			
TITLE	THE ISOS IE	DELETE	3.4 CITY+:	51-70		Change Addition
NAME			4. 2 NAML			
STREET ADDRESS			4.3 S1FF11	A/SORESS		
CITY-ST-ZIP			4.4 CHY - S	[
TITLE	DOTTE		511011	i		Change Addition
NAME			5.2 NAME			· · · · ·
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 C/TY - S	31 - ZIP		
TITLE	MLE		61 THUE			Change Addition
NAME			6.2 NAM6			
STREET ADDRESS			G 3 \$1RELT	ADORESS		
CITY-ST-ZIP		e de ga rri gae de la com ercia .	6.4 CITY - S	1 - 20"		

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.97(3)(i), Florida Statutes. I forther 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 eath; 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.