

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 233941

(4)

1. Corporation Name

BARTHE BROTHERS RANCH, INC.



Principal Place of Business

Mailing Address

26801 BAYHEAD RD.
DADE CITY FL 33525

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DADE CITY FL 33525

3. Date Incorporated or Qualified

03/03/1960

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 6

4. FEI Number

59-0921397

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

San Antonio, FL

Zip

Country

Zip

Country

24

25

29

33576

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHRADER, JEROME G.
301 E. MERIDIAN
DADE CITY FL 33525

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 ☐ DELETE

NAME PD
BARTHE, RANDOLPH
STREET ADDRESS 26345 BAYHEAD RD.
CITY- ST- ZIP DADE CITY FL

TITLE ☐ DELETE

NAME DV
BARTHE, STEPHEN
STREET ADDRESS 2680 DELIVERANCE ST.
CITY- ST- ZIP COLORADO SPRINGS CO

TITLE ☐ DELETE

NAME DV
BARTHE, LAWRENCE
STREET ADDRESS 17231 BELLAMY BROS. BLVD.
CITY- ST- ZIP DADE CITY FL

TITLE ☐ DELETE

NAME DV
PAIGE, KATHLEEN
STREET ADDRESS RT 1, BOX 101 N
CITY- ST- ZIP CLEWISTON FL

TITLE ☐ DELETE

NAME DV
BARTHE, MARK F.
STREET ADDRESS 17899 BELLAMY BROS BLVD.
CITY- ST- ZIP DADE CITY FL

TITLE ☐ DELETE

NAME STD
DILLARD, JEANETTE
STREET ADDRESS 15995 BELLAMY BROS BLVD.
CITY- ST- ZIP DADE CITY FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(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:

Jeanette Dillard Jeanette Dillard 4/25/96 352-588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4075

CR2E034 (12/95)