

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

FILED

Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

26801 BAYHEAD RD.
DADE CITY FL 33525

Mailing Address

P O BOX 6
SAN ANTONIO TX 78201
US



3. Date Incorporated or Qualified

03/03/1960

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 33523 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 FL Zip Country

29 30

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

9. Name and Address of Current Registered Agent

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

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARTHE, RANDOLPH	
STREET ADDRESS	26345 BAYHEAD RD.	
CITY-STATE-ZIP	DADE CITY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BARTHE, STEPHEN	
STREET ADDRESS	2680 DELIVERANCE ST.	
CITY-STATE-ZIP	COLORADO SPRINGS CO	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BARTHE, LAWRENCE	
STREET ADDRESS	17231 BELLAMY BROS. BLVD.	
CITY-STATE-ZIP	DADE CITY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PAIGE, KATHLEEN	
STREET ADDRESS	RT 1, BOX 101 N	
CITY-STATE-ZIP	CLEWISTON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BARTHE, MARK F.	
STREET ADDRESS	17899 BELLAMY BROS BLVD.	
CITY-STATE-ZIP	DADE CITY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DILLARD, JEANETTE	
STREET ADDRESS	15995 BELLAMY BROS BLVD.	
CITY-STATE-ZIP	DADE CITY FL	

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 checked="" 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 checked="" 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 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:

JEANETTE B DILLARD

3/18/97 352-588-4075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0623288

CR2E034 (9/96)