

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 233941 (4)
 1. Corporation Name
BARTLE BROTHERS RANCH, INC.

Principal Place of Business 26801 BAYHEAD RD. DADE CITY FL 33523 US	Mailing Address P O BNOX 6 SAN ANTONIO FL 33576 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 03/03/1960	
21		26		4. FEI Number 59-0921397	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLE, RANDOLPH	1.2 NAME	
STREET ADDRESS	26345 BAYHEAD RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLE, STEPHEN	2.2 NAME	
STREET ADDRESS	2680 DELIVERANCE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLORADO SPRINGS CO	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLE, LAWRENCE	3.2 NAME	
STREET ADDRESS	17231 BELLAMY BROS. BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIGE, KATHLEEN	4.2 NAME	
STREET ADDRESS	RT 1, BOX 101 N	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLE, MARK F.	5.2 NAME	
STREET ADDRESS	17899 BELLAMY BROS BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLARD, JEANETTE	6.2 NAME	
STREET ADDRESS	15995 BELLAMY BROS BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	6.4 CITY-ST-ZIP	

14. I 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 Dillard* *Jeanette Dillard* 4/28/98 352-588-4025

CP2E034 (10/97)