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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

141

FILED

May 06 1998 8:00am

Secretary of State

1. Corporation BARTH	ILE BROTHERS RANCH, IN	c.			
Principal Plac	ce of Business	Mailing Address			ı AREAL BLOM BADIA BIDAN BADAN ƏNDAN ARDAN
28801 BAYH DADE CITY		P O BNOX 6 SAN ANTONIO FL 3357	76		
US		US		DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified 03/03/1960	
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number 59-0921397	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	— · — ·
24	[25]	29	30	Personal Property Tax due June	
0/	9, Name and Address of Currer	nt Hegistered Agent	81 Name	10, Name and Address of New Re	gistered Agent
SCHRADER, JÉROME G. 301 E. MÉRIDIAN				dress (P.O. Box Number is Not Acceptab	lo)
	ADE CITY FL 33525		Street Add	iness (F.O. Box Number is Not Acceptab	10)
			83		
			84 City		85 Zip Code
			1-1-7		FL FL FL FL FL FL FL FL
			<u></u>	 	
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida State of Florida, Such change was	utes, the above-named cor authorized by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered
11. Pursuant office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change was alions of, Section 607.0505, F	utes, the above-named cor authorized by the corpora forida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
11. Pursuant office or agent. I a					
SIGNATURE	Signature, typed or printed name of registered ag-		utes, the above-named cor, authorized by the corpora lorida Statutes. Off: Registered Agent signature requires.		DATE
	Signature typed or printed name of registered ago OFFICERS AN	ent and tille if applicable (NC	DTE: Registered Agent signature requ	ulred when reinstating)	DATE
SIGNATURE	Signature typed or printed name of registered ag OFFICERS AN PD BARTHLE, RANDOLPH	ent and tille if applicable (NCID DIRECTORS	OTE: Registered Agent signature requ	ulred when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature typed or printed name of registered ag OFFICERS AN PD BARTHLE, RANDOLPH 28345 BAYHEAD RD.	ent and tille if applicable (NCID DIRECTORS	TE: Registered Agent signature required 13.	ulred when reinstating)	DATE ERS AND DIRECTORS IN 12
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indicated on this annual report or supplied with this nimit does not quality to the exemption stated in Section 1 19.07(3)(). Florida Statutes, I further certify that the informatic indicated on this annual report or suppliemental 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.