AMENDED

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # [redacted] 236269

1. Corporation Name
SCARBOROUGH & SONS RANCH, INC.

Principal Place of Business	Mailing Address
1952 CR 29 LAKE PLACID, FL 33852	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/01/60

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1204274 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOBBY SCARBOROUGH
1868 CR 29
LAKE PLACID, FL 33852

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: Bobby Scarborough Bobby Scarbrough 8-28-98
Signature, typed or printed name of registered agent or officer (if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	JACK SCARBOROUGH		12 NAME		
STREET ADDRESS	SCARBOROUGH LANE		13 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		14 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☒ DELETE	21 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	W.S. SCARBOROUGH		22 NAME	BOBBY SCARBOROUGH	
STREET ADDRESS	1952 CR 29		23 STREET ADDRESS	1868 CR 29	
CITY-ST-ZIP	LAKE PLACID FL 33852		24 CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	SECRETARY	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BOBBY SCARBOROUGH		32 NAME		
STREET ADDRESS	1868 CR 29		33 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		34 CITY-ST-ZIP		
TITLE	TREASURER	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BOBBY SCARBOROUGH		42 NAME		
STREET ADDRESS	1868 CR 29		43 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME	000002545610	
STREET ADDRESS			53 STREET ADDRESS	-09/22/98--01005--015	
CITY-ST-ZIP			54 CITY-ST-ZIP	***61.25	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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CR2E034 (5/98)

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 added on an attachment with an address.

SIGNATURE: Bobby Scarbrough AUG 28, 1998 (941) 465-6464