FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FILED
DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **272821** **(0)**

1. Entity Name

CIRCLE S RANCH, INC.

Principal Office Address	Mailing Address
316 CARLISLE ROAD, EAST LAKELAND FL 33801	316 CARLISLE ROAD, EAST LAKELAND FL 33801

PLEASE TYPE IN THIS SPACE

3. Date of Incorporation or Qualification: **08/16/1963**	3a. Date of Last Report: **02/04/1994**
4. FEI Number: **59-1152618**	☐ 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. The corporation is subject to chapter 617, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

SLAUGHTER, M. G.
634 1ST ST SE
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 316 CARLISLE RD E

83

84 City: LAKELAND FL 85 Zip Code: 33813

11. Pursuant to the provisions of section 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: M.G. Slaughter M.G. SLAUGHTER 4/24/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.
TITLE: PD NAME: SLAUGHTER,MARSHALL G STREET ADDRESS: 579 AVENUE K SE CITY-ST-ZIP: WINTER HAVEN FL	☐ Change ☐ Addition
TITLE: SD NAME: SLAUGHTER, TODD H. STREET ADDRESS: 728 KINGSTON CT., CITY-ST-ZIP: APOLLO BEACH FL	☐ Change ☐ Addition
TITLE: TD NAME: SLAUGHTER, G. SCOTT II STREET ADDRESS: 316 CARLISLE RD. E. CITY-ST-ZIP: LAKELAND FL	☐ Change ☐ Addition
TITLE: VD NAME: GEHO, BARBARA E. STREET ADDRESS: 3425 FOREST BRIDGE CR B CITY-ST-ZIP: BRANDON FL	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is complete, accurate and in compliance with the requirements of section 607.0505 Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with all other like empowered.

SIGNATURE: M.G. Slaughter M.G. SLAUGHTER 4/24/95 813-966-4121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0913777 CP