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Feb 11 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 # 272821 (0)
1. Corporation Name
CIRCLE S RANCH, INC.

Principal Place of Business
316 CARLISLE ROAD, EAST
LAKELAND FL 33801

Mailing Address
316 CARLISLE ROAD, EAST
LAKELAND FL 33801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/16/1963	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1152618	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent SLAUGHTER, M. G. 316 CARLISLE RD. E. LAKELAND FL 33813				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRES, SEC/TREAS
NAME	SLAUGHTER, MARSHALL G	1.2 NAME	
STREET ADDRESS	579 AVENUE K SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	DIRECTOR
NAME	SLAUGHTER, TODD H.	2.2 NAME	
STREET ADDRESS	1270 LINDEN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	DIRECTOR
NAME	SLAUGHTER, G. SCOTT II	3.2 NAME	
STREET ADDRESS	316 CARLISLE RD. E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: *Marshall G. Slaughter* Pres 1/5/98 941-956-4121

CR2E034 (10/97)