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

STREET ADDRESS

CITY - ST - ZIP

Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 280805 (3)RIVER RIDGE RANCHES INC Principal Place of Business Mailing Address 1033 EAST PINE ST. 1033 EAST PINE ST. P.O. BOX 430 P.O. BOX 430 DO NOT WRITE IN THIS SPACE **AVON PARK FL 33825-7430 AVON PARK FL 33825-7430** 3. Date Incorporated or Qualified 05/18/1964 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 59-1101368 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Zıp Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes ☐ No 30 Personal Property Tax due June 30. 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KING JR, ROBERT R. US 27 SOUTH Street Address (P.O. Box Number is Not Acceptable) 82 **AVON PARK FL 33825** 83 City 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change 1.1 TITLE TITLE NAME KING JR, ROBERT R 1.2 NAME 1989 LAKE LOTELA DR STREET ADDRESS 1.3 STREET ADDRESS AVON PARK FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE SD CRUSE, GENE S. NAME 2.2 NAME STREET ADDRESS 901 W. MAIN ST. 2.3 STREET ADDRESS **AVON PARK FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Channe 31 TITLE TITLE DELANEY, LEON ASST. NAME 3.2 NAME 85 GRANDVIEW BLVD. STREET ADDRESS 3.3 STREET ADDRESS LAKE PLACID FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TETLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE NAME 6.2 NAME

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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 chapted, or on an attachment with an address. SIGNATURE

6.3 STREET ADDRESS

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