

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 7:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 286098 (9)

1. Corporation Name

RANCH AND GROVE HOLDING CORP

Principal Place of Business

**1375 BUENA VISTA DR
4 FLR N
LAKE BUENA VISTA FL 32830
US**

Mailing Address

**500 S BUENA VISTA ST
BURBANK CA 91521
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/14/1964** 3a. Date of Last Report **05/01/1994**

4. FEI Number **95-2408062** 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 **26** **500 South Buena Vista Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

City & State City & State
23 **28** **Burbank, CA**

Zip Country Zip Country
24 **25** **29** **91521-0340** **30** **U.S.**

9. Name and Address of Current Registered Agent

**IOPPOLO, FRANK S.
1375 BUENA VISTA DR
4 FLR N
LAKE BUENA VISTA FL 32830**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VT
NAME	CARPENTER, FARRIS E.
STREET ADDRESS	1375 BUENA VISTA DR
CITY - ST - ZIP	LAKE BUENA VISTA FL
TITLE	EVD
NAME	GREEN, JUDSON C.
STREET ADDRESS	500 S. BUENA VISTA ST.
CITY - ST - ZIP	BURBANK CA
TITLE	S
NAME	XIAOKUN WU
STREET ADDRESS	1375 BUENA VISTA DR
CITY - ST - ZIP	LAKE BUENA VISTA FL
TITLE	ASD
NAME	REED, MARSHA L.
STREET ADDRESS	500 S. BUENA VISTA ST.
CITY - ST - ZIP	BURBANK CA
TITLE	XBX
NAME	LITVACK, SANFORD M.
STREET ADDRESS	500 S. BUENA VISTA ST.
CITY - ST - ZIP	BURBANK CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	S
3.3 STREET ADDRESS	Ioppolo, Frank S.
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	PD
5.3 STREET ADDRESS	Litvack, Sanford M.
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marsha L. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marsha L. Reed

4/19/95

(818) 560-1000

DATE