

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

FILED

Feb 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 294475 (9)

1. Corporation Name  
CIRCLE CROSS RANCH INC

Principal Place of Business

8965 ANGUS RD  
BARTOW FL 33830  
US

Mailing Address

8965 ANGUS RD  
BARTOW FL 33830-9371  
US



3. Date Incorporated or Qualified  
07/01/1965

3a. Date of Last Report  
02/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-1099094

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

9. Name and Address of Current Registered Agent

BRYAN, MILTON W JR  
985 AVENIDA DE LA BOSQUE  
BARTOW, FL  
33830

10. Name and Address of New Registered Agent

81 Name

MILTON W. BRYAN JR

82 Street Address (P.O. Box Number is Not Acceptable)

8965 ANGUS RD.

83

84 City

BARTOW

FL

85 Zip Code

33830

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: MILTON W. BRYAN JR.

MILTON W. BRYAN JR.

1-31-97

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME PREVATT, BEVERLY JEAN B  
STREET ADDRESS 1115 S OAK ST  
CITY-ST-ZIP BARTOW FL

☐ DELETE

TITLE D  
NAME BRYAN, MILTON WARREN  
STREET ADDRESS 1110 NEWCOMB ROAD  
CITY-ST-ZIP ALTURAS FL

☐ DELETE

TITLE TD  
NAME BRYAN, BETTY JEAN  
STREET ADDRESS 8965 ANGUS RD  
CITY-ST-ZIP BARTOW FL

☐ DELETE

TITLE D  
NAME BRYAN, RAYMOND W.  
STREET ADDRESS 5009 FRANK MOORE RD  
CITY-ST-ZIP PLANT CITY FL

☐ DELETE

TITLE D  
NAME BRYAN, ROBERT E.  
STREET ADDRESS 8965 ANGUS RD  
CITY-ST-ZIP BARTOW FL

☐ DELETE

TITLE P  
NAME BRYAN, MILTON W JR  
STREET ADDRESS 8965 ANGUS RD  
CITY-ST-ZIP BARTOW FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME DAVID WAYNE BRYAN  
1.3 STREET ADDRESS RT 1 BOX 105  
1.4 CITY-ST-ZIP PIKEVILLE TN 373762

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 on an attachment with an address.

SIGNATURE:

MILTON W. BRYAN JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 941-537-2426

Date Daytime Phone

CR2E034 (9/96)