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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(3)

THE RANCHER, INC.

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

FILED

Mar 03 1998 8:00am

Secretary of State

						(1 P(\$) 010 F(\$) 8;01 \$ 01 101
Principal Place of Business Mailing Address					1 140100 11(1) 40(0) 101(4 (10)) 40(4) 1(4) 4(4)	is defin andre diffes defini andis soft
U S HIGHWAY 19 - NORTH P O DRAWER 760 CHIEFLNO FL 32626		U S HIGHWAY 19 - N P O DRAWER 790 CHIEFLND FL 32626	= = = : *		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
A Description of B	Non-of Programs	The Market Nation			08/15/1966	
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# 000	26 Suite Apt # ste			59-1147787	Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Star	le	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip						
24	25	— <u> </u>	30	5. This corporation twos of has paid the current year intangible		
24	9. Name and Address of Curr	29 ent Registered Agent	[30]		Personal Property Tax due June 30. 10. Name and Address of New Registe	
D.F.	NNETT, N.W.	on negatoro Agont	81	Name	10, Haille and Address of Herr negiste	ned Agent
				TABLETIO		
4821 N.W. 6TH ST. GAINESVILLE FL 32609		B2	Street Add	ress (P.O. Box Number is Not Acceptable)		
G.	MACOAITTE LT 25008		83			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508. Florida Sta	tutes, the abov	e-named corr		
office or I	registered agent, or both, in the Sta	te of Florida. Such change wa	as authorized b	y the corpora	poration submits this statement for the purportion's board of directors. I hereby accept the	appointment as registered
	an laminal with, and accept the ob-	igations of, section 607.0505,	Florida Statute	5.		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (I	NOTE: Registered An	ont signature regui	red when reinstating) O/	ATF
12.		ND DIRECTORS	13.	on, angliana a rada	ADDITIONS/CHANGES TO OFFICERS	
TITLE	ŌST	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	BENNETT, N.W.		1.2 NAME			
STREET ADDRESS	US HWY 19 N.			T ADDRESS		
CITY-ST-ZIP	CHIEFLND FL		1.4 CiTY-1			
TITLE	DV	DELETE	2.1 TITLE	21 - £1r		Change Addition
NAME	WHITE, J M		2.2 NAME			
STREET ADDRESS	US HWY 19 NORTH			ADDRESS		
CITY-ST-ZIP	CHIEFLNO, FL 00000		2.3 STREE 2.4 CITY-			
TITLE	DP	☐ DELETE	3.1 TITLE	SI-ZIF		Change Addition
NAME	WHITE, L M		3.1 ITTLE 3.2 NAME			C change C vocation
STREET ADDRESS	US HWY 19 NORTH			ADDRESS		
	CHIEFLND, FL 00000			ADDRESS		
CITY-ST-ZIP	יייייייייייייייייייייייייייייייייייייי	DELETE	3.4. CITY-	ST-ZIP		
TITLE		M DECEIE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
\$TREET ADDRESS				ADDRESS		
CITY-ST-ZIP			4.4 CITY - 8	ST-ZIP		
TITLE		☐ DELET e	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - 5	IT-ZIP		
TITLE		☐ DELET E	6.1 TITLE			Change Addition
				1		

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 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