FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:23

DOCUMENT # 316391 (2)

1. Corporation Name
L.P. RANCH, INC.

Principal Place of Business	Mailing Address
11836 CAMONA ROAD LAKE WALES FL 33857	P.O. BOX 979 LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/03/1967
3a. Date of Last Report: 06/10/1994

2. Principal Place of Business
21 CAMP MACK ROAD
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-1165338 ☐ 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

PEDERSEN, (JAMES E.)
336 LAKE MABLE LOOP
LAKE WALES FL 33583

10. Name and Address of New Registered Agent

91 Name: LISA G. KOELSCH
92 Street Address (P.O. Box Number is Not Acceptable): 4700 66th Street No.
93
94 City: St. Petersburg **FL** 95 Zip Code: 33709

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: Lisa G. Koelsch, Lic. April 26, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FD PEDERSEN, W L, II 14235 N. 49TH DR. PHOENIX AZ	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	vD ☒ Change ☐ Addition Pedersen, James E. 336 Lake Mable Loop Rd. Lake Wales, FL 33853
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PEDERSEN, JAMES E 10 S. FIRST ST. LAKE WALES, FL 00000	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	STD ☒ Change ☒ Addition FD Koelsch, Lisa G. 4700 66th Street No. St. Petersburg, FL 33709
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GILCHRIST, ELIZABETH L. 1121 SUNSET DR LAKE WALES, FL 00000	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	PD ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Lisa G Koelsch, LISA G. KOELSCH 4/26/95 813-676-7884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0448882 FP