

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 316391

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

Principal Place of Business  
11836 CAMONA ROAD  
LAKE WALES FL 33857

Mailing Address  
P.O. BOX 979  
LAKE WALES FL 33893



3. Date Incorporated or Qualified 05/03/1967 3a. Date of Last Report 05/01/1995

2. Principal Place of Business  
21 11836 Camp Mack Road  
Suite, Apt. #, etc.  
22 City & State  
23 St. Petersburg, FL  
Zip 33709 Country Pinellas  
24 25 29 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

KOELSCH, LISA  
336 LAKE MABLE LOOP  
4700 66TH STREET NO.  
ST. PETERSBURG FL 33709

81 Name Lisa Koelsch  
82 Street Address (P.O. Box Number is Not Acceptable) 4700 66th Street No.  
83  
84 City St. Petersburg FL 85 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* (NOTE: Registered Agent's signature required when re-electing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FD	1.1 TITLE	D
NAME	PEDERSEN, W L, II	1.2 NAME	Pedersen, W.L. II
STREET ADDRESS	14235 N. 49TH DR.	1.3 STREET ADDRESS	7404 W. Morrow Drive
CITY-ST-ZIP	PHOENIX AZ	1.4 CITY-ST-ZIP	Glendale, AZ 85308
TITLE	STD	2.1 TITLE	V/D
NAME	PEDERSEN, JAMES E	2.2 NAME	Pedersen, James E
STREET ADDRESS	10 S. FIRST ST.	2.3 STREET ADDRESS	10 S. First St.
CITY-ST-ZIP	LAKE WALES, FL 00000	2.4 CITY-ST-ZIP	Lake Wales, FL 33853
TITLE	PD	3.1 TITLE	
NAME	GILCHRIST, ELIZABETH L.	3.2 NAME	
STREET ADDRESS	1121 SUNSET DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	S/T/D
NAME		4.2 NAME	Koelsch, Lisa G.
STREET ADDRESS		4.3 STREET ADDRESS	4700 66th Street No.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St. Petersburg, FL 33709
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 813-546-9884  
Daytime Phone:

CR2E034 (12/95)