SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **316922** **(4)**

1. Corporation Name
TAUCHEN'S TRIANGLE T RANCH, INC.

Principal Place of Business	Mailing Address
9110 COUNTY RD 17 SO SEBRING FL 33870 US	P O BOX 3936 SEBRING FL US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **05/17/1967**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1165424** ☐ 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
TAUCHEN, DONALD E II
9110 COUNTY RD 17 SO.
SEBRING FL 33870

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAUCHEN, DONALD E. 9110 SR 17 SOUTH SEBRING FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAUCHEN, DONALD E., II 9110 COUNTY RD 17 SO. SEBRING FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TAUCHEN, JOHN ROBERT 2215 CROYDON RD SEBRING FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD TAUCHEN, MARJORIE A. 9110 COUNTY RD. 17 SO. SEBRING FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BAILEY, CONSTANCE LYNN 9120 COUNTY RD. 17 SO. SEBRING FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MONTSDEOCA, KATHLEEN ANN 1222 LAKE JOSEPHINE CT SEBRING FL	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ 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	000001900590 -07/22/96--01031--027 ***250.00	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	KATHLEEN ANN TAUCHEN	☒ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen Ann Tauchen 7-15-96 941-655-0478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #