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FILED

Feb 06 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 # 316922 (4)

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

Principal Place of Business

9110 COUNTY RD 17 SO
SEBRING FL 33870
US

Mailing Address

P O BOX 3936
SEBRING FL 33871-3936
US

3. Date Incorporated or Qualified

05/17/1967

3a. Date of Last Report

07/22/1996

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	PD	<input type="checkbox"/> DELETE
NAME	TAUCHEN, DONALD E. II	
STREET ADDRESS	9110 COUNTY RD 17 SO.	
CITY - ST - ZIP	SEBRING FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TAUCHEN, JOHN ROBERT	
STREET ADDRESS	2215 CROYDON RD	
CITY - ST - ZIP	SEBRING FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TAUCHEN, MARJORIE A.	
STREET ADDRESS	9110 COUNTY RD. 17 SO.	
CITY - ST - ZIP	SEBRING FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BAILEY, CONSTANCE LYNN	
STREET ADDRESS	9120 COUNTY RD. 17 SO.	
CITY - ST - ZIP	SEBRING FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TAUCHEN, KATHLEEN A	
STREET ADDRESS	1222 LAKE JOSEPHINE CT	
CITY - ST - ZIP	SEBRING FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	945 S.E. LAKEVIEW DR.
2.4 CITY - ST - ZIP	SEBRING, FL. 33870
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 in an attachment with an address.

SIGNATURE:

Kathleen Ann Tauchen (KATHLEEN ANN TAUCHEN)

1-29-97 94-655-0478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)