

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90060 034 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 342906**  
 1. Corporation Name  
**B & B RANCH, INC.**



Principal Place of Business 146 AVENUE B., NW BOX 798 WINTER HAVEN FL 33881-4506	Mailing Address 146 AVENUE B., NW BOX 798 WINTER HAVEN FL 33881-4506
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	4. FEI Number	Applied For
21	146 AVENUE B., NW BOX 798 WINTER HAVEN FL 33881-4506	26 147 WODEN WAY WINTER HAVEN FL 33884	59-1235539	Not Applicable
22	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
SUMMERLIN, ROY C. 146 AVE B NW WINTER HAVEN FL 33880		81 Name	BRITTA SUMMERLIN	
		82 Street Address (P.O. Box Number is Not Acceptable)	147 WODEN WAY	
		84 City	FL	85 Zip Code 33884

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 BRITTA SUMMERLIN *Britta Summerlin* 2/25/99  
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. OFFICERS/DIRECTORS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	BRITTA J. SUMMERLIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERLIN, BRITTA	1.2 NAME	147 WODEN WAY
STREET ADDRESS	146 AVE B NW	1.3 STREET ADDRESS	WINTER HAVEN, FL 33884
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	BOEL, FLEUR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOEL, FLEUR	2.2 NAME	147 WODEN WAY
STREET ADDRESS	146 AVE B NW	2.3 STREET ADDRESS	WINTER HAVEN-FL 33884
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	BRITTA J. SUMMERLIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERLIN, ROY C.	3.2 NAME	147 WODEN WAY
STREET ADDRESS	146 AVE B NW	3.3 STREET ADDRESS	WINTER HAVEN, FL 33884
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Britta Summerlin *Britta Summerlin* 1-21-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)