

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

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95 JAN 24 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **382455** (4)
1. Corporation Name
LEON MOSS RANCH, INC.

Principal Place of Business Mailing Address
L-8 CANAL ROAD OFF STATE RD. 60 L-8 CANAL ROAD OFF STATE RD. 60
P.O. BOX 237 P.O. BOX 237
LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470

700001392927
-01/30/95--01056--012
***208.75 ***208.75

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/19/1971 3a. Date of Last Report 02/04/1994

4. FEI Number 59-1348035 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

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

9. Name and Address of Current Registered Agent
**LEON MOSS
P O BOX 237 L-8 CANAL RD
LAXAHATCHEE, FL
LOXAHATCHEE 33470**

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 _____ (NOTE: Registered Agent signature required when rehashing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME MOSS, LEON
STREET ADDRESS NO. L-8 CANAL RD
CITY-ST-ZIP LOXAHATCHEE FL
TITLE DST
NAME MOSS, BETTY
STREET ADDRESS NO. L-8 CANAL RD
CITY-ST-ZIP LOXAHATCHEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Leon Moss 1/24/95 467-773-3138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #