

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



Principal Place of Business: L-8 CANAL ROAD OFF STATE RD. 80, P.O. BOX 237, LOXAHATCHEE FL 33470  
Mailing Address: L-8 CANAL ROAD OFF STATE RD. 80, P.O. BOX 237, LOXAHATCHEE FL 33470

3. Date Incorporated or Qualified: **05/19/1971** 3a. Date of Last Report: **01/24/1995**  
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: *L-8 Canal Rd. off state rd. 80*  
21. Suite, Apt. #, etc.:  
22. City & State: *Loxahatchee Fla.*  
23. Zip: *33470* Country: *USA*  
24. *33470* 25. *Loxahatchee* 26. *Po Box 237* 27. Suite, Apt. #, etc.:  
28. *Loxahatchee Fla.* 29. *33470* 30. *FL*

9. Name and Address of Current Registered Agent: **LEON MOSS, P O BOX 237 L-8 CANAL RD, LAXAHATCHEE, FL, LOXAHATCHEE FL 33470**  
10. Name and Address of New Registered Agent: 81. Name, 82. Street Address (P.O. Box Number is Not Acceptable), 83., 84. City, 85. Zip Code: **FL**

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 re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSS, LEON</b>	1.2 NAME	
STREET ADDRESS	<b>NO. L-8 CANAL RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>MOSS, BETTY</b>	2.2 NAME	
STREET ADDRESS	<b>NO. L-8 CANAL RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Betty Moss* Date: *407-7933138* Daytime Phone #

CR2E034 (12/95)