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Feb 27 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 # 390649 (2)

1. Corporation Name
PARKVIEW RANCH, INC.

Principal Place of Business
5 1/4 MILES WEST OF AVON
PARK ON HWY 64
AVON PARK FL 33825
US

Mailing Address
PO BOX 1057
AVON PARK FL 33826-1057
US



3. Date Incorporated or Qualified
11/02/1971

3a. Date of Last Report
06/10/1996

4. FEI Number
59-1365445

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

10. Name and Address of New Registered Agent

WRIGHT, P J
1519 LAKE LOTELA DR
AVON PARK FL 33825

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
Director	BROTHERTON, PATRICIA C	685 PELICAN BAY DR DAYTONA BCH FL	DV Director - v.p. president	<input type="checkbox"/>
Director	SUTHERLAND, ARDEN A	208 E. CANFIELD AVON PARK FL		<input type="checkbox"/>
Director	HOUSTON, STEPHANIE	6466 VIA TOWNSEND W. PALM BEACH FL		<input type="checkbox"/>
DS Director - Secretary	THOMPSON, ANNA JOYCE	LAKE LOTELA DRIVE AVON PARK FL		<input type="checkbox"/>
DP Director - President	WILLIAMS, CHARLES R	RT. 2, BOX 650 AVON PARK FL		<input type="checkbox"/>
DT Director - Treasurer	WILLIAM, HELEN N.	RT 2, BOX 650 AVON PARK FL		<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	Cameron L. Sutherland	208 E. Canfield	Avon Park, Fla 33825	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
	C. Parke Sutherland	208 E. Canfield	Avon Park, Fla 33825	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
	Tracey E. Sutherland	208 E. Canfield	Avon Park, Fla 33825	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles R. Williams 3/3/97

Date Daytime Phone #

CR2E034 (9/96)