

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Senator B. Markewitz
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 401518

(6)

1. Corporation Name

SECURITY RANCHETTS, INC

Principal Place of Business

116 LAKE RING DR., S.E.
WINTER HAVEN FL 33880
US

Mailing Address

116 LAKE RING DR., S.E.
WINTER HAVEN FL 33880
US

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified	3a. Date of Last Report
05/19/1972	05/01/1994
4. FEI Number	Applied For
59-1418943	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

SUPRINA, LOUIS L
116 LAKE RING DR., S.E.
WINTER HAVEN FL 33880

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 the if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PAULK, ODESSA V.	1.2 NAME	
STREET ADDRESS	1042 E.EAGLE AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	EAGLE LAKE FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	PAULK, GINGER SUE	2.2 NAME	
STREET ADDRESS	1045 EAGLE AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	EAGLE LAKE FL	2.4 CITY - ST - ZIP	
TITLE	Y	3.1 TITLE	☐ Change ☐ Addition
NAME	SUPRINA, LOUIS L	3.2 NAME	
STREET ADDRESS	116 LAKE RING DR SE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 I am an officer or director of the corporation or the responsible trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Odessa V. Paulk President 4/28/95 813-293-0138
BORN: Odessa V. Paulk DATE OF BIRTH: 4/28/95 SOCIAL SECURITY: 813-293-0138