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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 414041 (4)  1. Corporation Name  R M RINKER FARM INC  Principal Place of Business  Mailing Address							
1830 SW LOCKS ROAD STUART FL 34997		1830 SW LOCKS ROAD STUART FL 34997					
				<ol> <li>Date Incorporated or Qualified</li> <li>12/01/1972</li> </ol>		of Last <b>/21/1</b>	
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 59-1426280	<u>-</u>		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			5 Additional
City & State	9	City & State		6. Election Campaign Financing			Required  May Be
Zip	Country	28	··-т	Trust Fund Contribution		Add	ed to Fees
24	25	Zip <b>29</b>	Country 30	8. This corporation has liability for Florida Statutes	r intangible tax s □ No	under s	s <b>19</b> 9.032,
	9. Name and Address of Curr			10. Name and Address of New		ent	
DAU/FD	PACE IN THE REAL PROPERTY AND ADDRESS OF THE PACE IN T		81 Name			,	
	, RONNIE M. W. LOCKS ROAD		82 Street Add	dress (P.O. Box Number is Not Accepta	ble)		
	FL 34997		83				· · · · · · · · · · · · · · · · · · ·
- 10, 11, 1							
			84 City				ip Code
familiar wit	o the provisions of Sections 607.05t ed agent, or both, in the State of Flo h, and accept the obligations of, Se	02 and 607.1508, Florida Statu orida. Such change was authori ction 607.0505, Florida Statute	tes, the above-named corpo zed by the corporation's boa s.	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of chang pointment as re	ging its gistered	registered office d agent. I am
familiär wit SIGNATURE 12.	h, and accept the obligations of, Ser Signature, typed or printed name of registered ago OFFICERS A	ction 607.0505, Florida Statute ont and trile if agylcable. (N ND DIRECTORS	tes, the above-named corporated by the corporation's boals.  OTE: Registereo Agent signature require	ard or directors. I hereby accept the app	DATE	gistere	d agent. I am
familiar wit SIGNATURE 12.	h, and accept the obligations of, Sei Signalure, typed or printed name of registered ago OFFICERS AI	ction 607.0505, Florida Statute	OTE: Registered Agent signature require	ard or offectors. Thereby accept the app	DATE FICERS AND D	gistere	d agent. I am
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SIGNATURE: Rounie M. Rinker - Rounie M. Fluker - Rounie M. Fluker (407-287-1200)

Bignature and typed on Printed Name of Signing Officer on Direction