

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **431412** (6)  
1. Corporation Name  
**ST MARY'S RIVER RANCH INC**



Principal Place of Business: **4400 MARSH LANDING BLVD., #7 PONTE VERDE BEACH FL 32082-8287**  
Mailing Address: **4400 MARSH LANDING BLVD., #7 PONTE VERDE BEACH FL 32082-8287**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/25/1973</b>	3a. Date of Last Report <b>02/07/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1497644</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>INGRAM, THOMAS B. 4400 MARSH LANDING BLVD. #7 PNTVE VEDRA BEACH 32082-8287</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of person or persons authorized to sign this report and to accept the appointment as registered agent. (NOTE: This field applies only to registered agents.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIXON, JOSEPH M		12 NAME		
STREET ADDRESS	4349 DUVAL DR		13 STREET ADDRESS		
CITY- ST- ZIP	PONTE VEDRA BCH, FL00000		14 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY- ST- ZIP			24 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY- ST- ZIP			34 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY- ST- ZIP			44 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY- ST- ZIP			54 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY- ST- ZIP			64 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 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 in an attachment to this address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Joseph M. Hixon**

1/23/96 904-285-8645

SCS 3-8-96

CR2E034 (12/95)