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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **550949** **(2)**

1. Corporation Name
LOOP RANCHES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 206 PUNTA GORDA FL 33951-1255	P.O. BOX 206 PUNTA GORDA FL 33951-0206

3. Date Incorporated or Qualified: 11/08/1977
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21 8393 N W 110th St
Suite, Apt. #, etc. 22
City & State 23 REDDICK, FL
Zip 24 32686 Country 25 MARION

2a. Mailing Address
26 P.O. BOX 510206
Suite, Apt. #, etc. 27
City & State 28 PUNTA GORDA, FL.
Zip 29 33951 Country 30 CHARLOTTE

4. FEI Number: 59-1775520 ☐ 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

9. Name and Address of Current Registered Agent

SLACK, JAMES D.
P.O. BOX 1255
28100 N. JONES LP. RD.
PUNTA GORDA FL 33951

address chg

10. Name and Address of New Registered Agent

81 Name: SLACK, JAMES D
82 Street Address (P.O. Box Number is Not Acceptable): P.O. BOX 510206
83
84 City: PUNTA GORDA, FL 85 Zip Code: 33951-0206

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: James D Slack DATE: 4/8/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SLACK, JAMES D. 27920 N JONES LOOP ROAD PUNTA GORDA FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SLACK, JAMES D 8393 NW 110TH STREET REDDICK, FL. 32686 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEES, SHIRLEY L. 1110 CORAL RIDGE DR. PUNTA GORDA FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PRES DAVID BURKHOLDER 1620 HINTON STREET PORT CHARLOTTE, FL 33952 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 is on an attachment with an address.

SIGNATURE: [illegible] 4/4/97 941-639-7470