FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 APR 27 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 552468 (1)

1. Corporation Name
GRAVES BROTHERS RANCH, INC.

Principal Place of Business	Mailing Address
8465 OLD DIXIE HWY WABASSO FL US	PO BOX 277 WABASSO FL US

3. Date Incorporated or Qualified: 12/02/1977
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1793326 ☐ 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	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GRAVES, RICHARD JR
8465 OLD DIXIE HWY
WABASSO FL

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 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	D	1 1 TITLE	☐ Change ☐ Addition
NAME	GRAVES, J.R.	1 2 NAME	
STREET ADDRESS	1915 34TH AVE	1 3 STREET ADDRESS	
CITY ST ZIP	VERO BCH FL	1 4 CITY ST ZIP	
TITLE	DST	2 1 TITLE	☒ Change ☐ Addition
NAME	~~BASS, ELIZABETH C~~	2 2 NAME	BASS, ELIZABETH G
STREET ADDRESS	6275 N MIRROR LAKE DR	2 3 STREET ADDRESS	
CITY ST ZIP	SEBASTIAN FL	2 4 CITY ST ZIP	
TITLE	DP	3 1 TITLE	☐ Change ☐ Addition
NAME	GRAVES, RICHARD J. JR	3 2 NAME	
STREET ADDRESS	8465 OLD DIXIE HWY	3 3 STREET ADDRESS	
CITY ST ZIP	WABASSO FL	3 4 CITY ST ZIP	
TITLE	VAS	4 1 TITLE	☐ Change ☐ Addition
NAME	RANSON, CHARLES T.	4 2 NAME	
STREET ADDRESS	3500 MARSHA LANE	4 3 STREET ADDRESS	
CITY ST ZIP	VERO BEACH FL	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	4-21

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 on an attachment with an address.

SIGNATURE: CHARLES T. RANSON EXECUTIVE VICE PRESIDENT 4/11/95 (407) 589-4356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #