

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


APPROVED
AND
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MAY - 2 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 552468

1. Corporation Name
GRAVES BROTHERS RANCH, INC.

Principal Place of Business 8465 OLD DIXIE HWY WABASSO FL 32970 US	Mailing Address PO BOX 277 WABASSO FL 32970 US
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3. Date Incorporated or Qualified 12/02/1977	4. FEI Number 59-1793326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

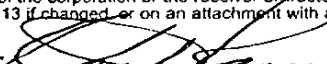
9. Name and Address of Current Registered Agent GRAVES, RICHARD JR 8465 OLD DIXIE HWY WABASSO FL 32970	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 600002895576--7 -06/04/99--01087--018
83	***1500.00 ***150.00
84 City	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BASS, ELIZABETH C		2.2 NAME	
STREET ADDRESS 6275 N MIRROR LAKE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP SEBASTIAN FL		2.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **CHARLES T. RANSON**
EXECUTIVE VICE PRESIDENT APRIL 8, 1999 561-589-4356

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