3-13-95-B-2570-NC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:34

DOCUMENT # **649764** **(8)**

1. Corporation Name
JHK RANCH, INC.

Principal Place of Business	Mailing Address
111 SE 1ST AVENUE P O BOX 23939 GAINESVILLE FL 32602	111 SE 1ST AVENUE P O BOX 23939 GAINESVILLE FL 32602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/28/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2022908 ☐ 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 (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)
2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

QUINCEY, JAMES S.
111 SE 1ST AVENUE
GAINESVILLE FL 32601

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 _____ DATE
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	QUINCEY, ELIZABETH W.	1.2 NAME	
STREET ADDRESS	204 NE 7TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	QUINCEY, LINDA C	2.2 NAME	
STREET ADDRESS	1934 NW 32ND TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	WARD, KATHY Q	3.2 NAME	
STREET ADDRESS	RT 3 BO X343 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	QUINCEY, W HORACE	4.2 NAME	
STREET ADDRESS	204 NE 7TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WARD, GARY L	5.2 NAME	
STREET ADDRESS	RT 3 BOX 343 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	QUINCEY, JAMES S	6.2 NAME	
STREET ADDRESS	1934 NW 32ND TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	6.4 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)(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.

SIGNATURE: James S Quincey Sec/Dir 1/30/95 904 376 4494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0411031 FP