

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

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 649764 (8)

1. Corporation Name  
JHK RANCH, INC.

Principal Place of Business

111 SE 1ST AVENUE  
P O BOX 23939  
GAINESVILLE FL 32602

Mailing Address

111 SE 1ST AVENUE  
P O BOX 23939  
GAINESVILLE FL 32602-3939



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/28/1979

3a. Date of Last Report

02/12/1996

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	QUINCEY, ELIZABETH W.	
STREET ADDRESS	204 NE 7TH ST.	
CITY - ST - ZIP	TRENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUINCEY, LINDA C	
STREET ADDRESS	1834 NW 32ND TERR	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WARD, KATHY Q	
STREET ADDRESS	RT 3 BOX X343 N/A	
CITY - ST - ZIP	TRENTON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	QUINCEY, W HORACE	
STREET ADDRESS	204 NE 7TH ST.	
CITY - ST - ZIP	TRENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARD, GARY L	
STREET ADDRESS	RT 3 BOX 343 N/A	
CITY - ST - ZIP	TRENTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	QUINCEY, JAMES S	
STREET ADDRESS	1834 NW 32ND TERR	
CITY - ST - ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 on an attachment with an address.

SIGNATURE: *James S. Quincy* **JAMES S. QUINCEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/98 352-376-4694  
Date Daytime Phone #

CR2E034 (9/96)