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Jun 04, 1999 8:00 am
Secretary of State

06-04-1999 90009 046 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 677517

1. Corporation Name

PRAIRIE RIVER RANCH, INC.

569442-90009-46 2 *

Principal Place of Business

1000 N ASHLEY DRIVE
SUITE 101

Mailing Address

1000 N ASHLEY DRIVE
SUITE 101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1980

2. Principal Place of Business

4602 DOGWOOD HILLS

2a. Mailing Address

4602 DOGWOOD

4. FEI Number

59-2004237

Applied For

Not Applicable

Suite, Apt. #, etc.

COUR

Suite, Apt. #, etc.

HILLS COURT

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

BRANDON FL

City & State

BRANDON FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

33511

Country

Zip

33511

Country

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

RICKARD JAMES I. III
1000 N ASHLEY DR suite 101
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

MELLI CLAUDE

82 Street Address (P.O. Box Number is Not Acceptable)

4602 DOGWOOD HILLS COURT

83

84 City

BRANDON

FL

85 Zip Code

33511

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 P POCHETZ, PATRICE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE S EDWARDS JOSEPH ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE D MAZEAUD, OLIVIER ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE D RANDON ALAIN ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE D CONSTANTINI, GHISLAIN ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE D DHOTEL, DANIEL ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)