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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUN 1. Corporation	/ENT	# 6814	38	(8)								
		AND RANCH	SUPPLY,	• •								
Principal Place	of Business	3	Mai	ling Address				╣				
215 13TH STREET			21!	215 13TH STREET						•		
ST CLOUD FL 34769			\$T	ST CLOUD FL 34769				DO NOT WRITE IN THIS SPACE				
								3.	Date Incorporated or Qualified	11110 01 71		
									08/07/1980			
2. Principal Pla	ce of Busin	iess	2a.	2a. Mailing Address				4.	, FEI Number			Applied For
Sulte, Apt. #	el c		26	Suite, Apt. #, etc.				┼-	59-2022807		4	Not Applicable
22	, 010.			27				5.	. Certificate of Status Desired] 🖣		Additional Regulred
City & State				City & State				6.	Election Campaign Financing		\$5.0	0 May Be
23			28				,	ļ	Trust Fund Contribution]	•	d to Fees
Zip	Country		⊢	Zip		Country		8.	This corporation owes or has paid to			ntangible No
24 25 g, Name and Address of Curre			29 urrent Registe					Personal Property Tax due June 30. Y Yes 10. Name and Address of New Registered Agent				
MCC		RICHARD W			81	Π	Name				<u></u>	
	19TH STR				82	,	Street Addre	200 /	P.O. Box Number is Not Acceptable)			
	CLOUD, FL						Street Addre	F.O. Box Number is Not Acceptable)				
34769												
					84	+	City		<u>,</u>	E 8:	Zij	o Code
11 Pursuant to	the provisi	ons of Sections 607	7 0502 and 60	7 1508 Florida Stat	utes the abov	۱.	named corn	oratio	on submits this statement for the nuro	FL ose of cha	nainc	its registered
office or re-	gistered ag	ent, or both, in the s th, and accept the o	State of Florida	a. Such change was Section 607.0505. I	s authorized to Florida Statute	y I	the corporation	on's I	on submits this statement for the purp board of directors. I hereby accept the	ie appointr	nent a	is registered
SIGNATURE _												
12.	ignature, typod	or printed name of registers	ed agent and title if S AND DIRECT		O1£ Registered Ag	pont	t signature require		n reinstating) ADDITIONS/CHANGES TO OFFICER:	C AND DIE	ECT	DC IN 10
TITLE	P	OFFICER	JAND DINEO	DELETE	1,1 TITLE	-			ADDITIONS/CHANGES TO OFFICER		Change	
NAME	MCCON	AHAY, RICHARD	W	_			1.2 NAME			_	Ī	_
STREET ADDRESS	STREET ADDRESS 5120 HELEN COURT			1.3 \$			1.3 STREET ADDRESS					
CITY-ST-ZIP	ST. CLO	UD FL			1.4 CITY -	ST-	- ZIP					
TITLE				☐ DELETE	2.1 TITLE					Ш	Change	Addition
NAME					2.2 NAME							
STREET ADDRESS					2.3 STREE							
CITY-ST-ZIP TITLE				DELETE	2. 4 CITY- 3.1 TITLE	51	- 1117				Change	Addition
NAME				_	3.2 NAME						•	_
STREET ADDRESS					3.3 STREE	T A	DDRESS					
CITY-ST-ZIP				· · — <u>— · - ·</u>	3.4. CITY-	ST	-ZIP					
TITLE				☐ DELETE	4.1 TITLE						Change	Addition
NAME					4. 2 NAME							
STREET ADDRESS					4.3 STREE		1					
CITY-ST-ZIP TITLE				DELETE	4.4 CITY- 5.1 TITLE	51-	ZIP	···-			Change	Addition
NAME				Sancel Street, St.	5.2 NAME					J	80	
STREET ADDRESS					5.3 STREE		DDRESS					
CITY-ST-ZIP					5.4 CITY-							
TITLE				☐ DELETE	6.1 TITLE						Change	☐ Addition
NAME					6.2 NAME							
STREET ADDRESS					6.3 STAEE		f					
CITY-ST-ZIP	rtify that the	Information supplie	nd with this fili	no does not quetty	6.4 City-:			Section	on 119.07(3)(i), Florida Statutes. I furti	her certify	that #	e information
ing indidus of	nany manana	maditionion andbill	or with fills fill	ig opea not quality	THO DACITY	بالزحى	vii atateu III e	ノロレル	an malariaria, manda alalates. Hulli	OCILITY	a real if	NO RESOURCE COMMISSION OF THE PROPERTY OF THE

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 outh; 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 oddress.

FILED

Feb 03 1998 8:00am

Secretary of State