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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **715435** **(4)**

1. Corporation Name

TROVER BOYS RANCH, INC.

Principal Place of Business	Mailing Address
1490 SE COVE RD **STUART FL 34997-7504**	**1490 SE COVE RD** **STUART FL 34997-7504**

3. Date Incorporated or Qualified: **10/17/1968**

4. FEI Number: **59-1373247** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 _____
22 Suite, Apt. #, etc. _____
23 City & State _____
24 Zip _____ 25 Country _____

2a. Mailing Address
26 _____
27 Suite, Apt. #, etc. _____
28 City & State _____
29 Zip _____ 30 Country _____

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LINDE, DRIN D
1490 SE COVE ROAD
STUART FL 34997

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 617.0502 and 617.1508, 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 617.0503, 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	**PD**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	**SNIPES, THOMAS B.**		1.2 NAME		
STREET ADDRESS	**8752 SW 17TH ST**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**STUART FL**		1.4 CITY-ST-ZIP		
TITLE	**D**	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	**LITTMAN, CURTIS A.**		2.2 NAME		
STREET ADDRESS	**1855 S KANNER HWY**		2.3 STREET ADDRESS		
CITY-ST-ZIP	**STUART FL**		2.4 CITY-ST-ZIP		
TITLE	**D**	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	**SWOBODA, ROBERT**		3.2 NAME		
STREET ADDRESS	**789 SW BYRAN ST**		3.3 STREET ADDRESS		
CITY-ST-ZIP	**PORT ST. LUCIE FL**		3.4 CITY-ST-ZIP		
TITLE	**TD**	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	**HUDSON, DAN**		4.2 NAME		
STREET ADDRESS	**1396 NE FLORA PLACE**		4.3 STREET ADDRESS		
CITY-ST-ZIP	**JENSEN BEACH FL 34957**		4.4 CITY-ST-ZIP		
TITLE	**VSD**	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	**MORRIS, TOM**		5.2 NAME		
STREET ADDRESS	**62 SE HARBOR POINT DRIVE**		5.3 STREET ADDRESS		
CITY-ST-ZIP	**STUART FL 34997**		5.4 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	**HOLMAN, DON**		6.2 NAME		
STREET ADDRESS	**62 SE GROVE AVENUE**		6.3 STREET ADDRESS		
CITY-ST-ZIP	**PORT ST LUCIE FL 34983**		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: DAN HUDSON 2/11/98