

FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90048 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 715435					
1. Corporation Name TROVER BOYS RANCH, INC.					
Principal Place of Business 1490 SE COVE RD STUART FL 34997-7504			Mailing Address 1490 SE COVE RD STUART FL 34997-7504		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/17/1968	
22 City & State		27 City & State		4. FEI Number 59-1373247	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LINDE, DRIN D 1490 SE COVE ROAD STUART FL 34997			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
85 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					
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					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)