FILE NOW: FILING FEE IS \$61.25

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.

FILED Feb 27, 1999 8:00 am Secretary of State

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

Principal Place of Business Mailing Address							
1490 SE COV STUART FL 3		1490 SE COVE RD STUART FL 34997-7504					
A D: : : 15	· · · · · · · · · · · · · · · · · · ·	2a Marian Address			. 3. Date Incorporated or Qualifed		
2. Principal P	2a. Mailing Address			•	10/17/1968		
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	Αρ	plied For
27				59-1373247	No	t Applicable	
City & State City & State					5. Certificate of Status Desired	\$8.75 A	
23 28					o. Controlle of Gizida Desired	Fee Re	·
Zip 24	p Country Zip 29		Country		Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	-
[24]	9. Name and Address of Current		<u> </u>	-	10. Name and Address of New Registere	d Agent	
<u></u>			81	Name			
LINDE, DRIN D			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1490 SE COVE ROAD			83				
STUART	-L 34997		84	City	F	85 Zip C	Code
office or r	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was au ions of, Section 617.0503, Flori	ithorized by ida Statutes	the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the app	ointment as reg	jistered
	Signature, typed or printed name of registered agent			t signature requi	Ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	PS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ABBITIONS/CHANGES TO OFFICE NO.	Change	Addition
TITLE !	PD CHIDE THOMAS B	- Détecte	1.2 NAME			— y .	
STREET ADDRESS	SNIPES, THOMAS B. 8752 SW 17TH ST		1.3 STREET	ADORESS	,		
CITY-ST-ZIP	STUART FL		1.4 CITY-S	T-ZIP			
TITLE	10	DELETE	2.1 TITLE			Change	☐ Addition
NAME	HUDSON, DAN	- •	2.2 NAME	1			
STREET ADDRESS	1396 NE FLORA PLACE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL 34957	☐ DELETE	2.4 CITY-S 3.1 TITLE	T-ZIP		Change	Addition
TITLE	VSD TOW		3.1 IIILE 3.2 NAME				
NAME STREET ADDRESS	Morris, tom 62 se harbor point drive		3.3 STREET	ADDRESS			
CITY-ST-ZIP	STUART FL 34997		3.4. CITY-S		•		
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition
NAME	HOLMAN, DON		4. 2 NAME				
STREET ADDRESS	62 SE GROVE AVENUE		4 3 STREET	ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL 34983			T-ZIP		· Change	Addition
TITLE		☐ DELETE	5.1 TITLE			Change	
NAME			5.2 NAME 5.3 STREET	ADDRESS			
STREET ADDRESS			5.3 STREET				ļ
CITY-ST-ZIP TITLE	·	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME			_ •	
STORET ADDDESS			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 617, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed,

SIGNATURE: