FILE NOW: FILING FEE IS \$61.25

CITY-ST-ZIP

Block 12 or Block 13 if change

FILED Jul 02 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (1)841930 RANGERS OF AMERICA, INC. Principal Place of Business Mailing Address 3039 RIVERDALE RD 3039 RIVERDALE RD 3. Date Incorporated or Qualified ORLANDO FL 32817 ORLANDO FL 32817 11/30/1978 4- FEI Number Applied For Not Applicable 59-1982475 2. Principal Place of Business Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 27 City & State 7. Is this nonprofit corporation a homogeners association? Yes \(\subseteq \) No City & State 23 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes **№** No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JACKSON, DARRELL L. 82 Street Address (P.O. Box Number is Not Acceptable) 3039 RIVERDALE RD 83 ORLANDO FL 32817 84 City Zip Code 85 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 authorited 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 Satutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Change TITLE DELETE 1.1 TITLE Addition NAME JACKSON, DARRELL 1.2 NAME STREET ADDRESS 3039 RIVERDALE RD 1.3 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE NAME ROBISMON, TERRY L 2.2 NAME 1190 S. RARITAN ST., APT. 1 2.3 STREET ADDRESS STREET ADDRESS **DENVER CO** 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE TAYLOR, RICHARD NAME 3.2 NAME 345 HIDDEN LAKE DR 3.3 STREET ADDRESS STREET ADDRESS SANFORD FL 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY - ST - ZIP 14. Thereby 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 of 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 flustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

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 on or the receiver or flustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in or on an attachment with an address.

1-1-98 4072457399