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

**PROFIT** 

Block 12 or Block 13 if changed,

SIGNATURE:

Feb 10 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F01941 (6)BAR SEVEN RANCH, INC. Principal Place of Business Mailing Address 5300 N.CANOE CREEK RD. 5300 N.CANOE CREEK RD. KENANSVILLE FL 34739-9619 KENANSVILLE FL 34739-9619 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2046012 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, elc \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RAJTAR, STEVEN A Auderson 501 N MAGNOLIA AVE, SUITE A ORLANDO FL 32801 В3 300 Zip Code 3 2802-0112 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Lam familiar with and accept the directors of Section 607.0505. Florida Statutes. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 11 TITUE TITLE CLARK, DIANNE J 1.2 NAME NAME HWY 523 STREET ADDRESS 13 STREET ADDRESS ST CLOUD, FL 00000 CITY-ST-ZIP 14 CITY-ST-ZIP STD DELETE ☐ Addition TITLE 21 TITLE Change CLARK, JOHN S NAME 2.2 NAME HWY 523 23 STREET ADDRESS STREET ADDRESS ST CLOUD, FL 00000 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 31 THILE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4 1 TITLE Change \_\_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 52 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-7IP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address.

2/2/98 402-892-6940

FLORIDA DEPARTMENT OF STATE