FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 SEP -4 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F12520 (5)

1. Corporation Name
RIVER RANCH, INC.

REINSTATEMENT 96

Principal Place of Business	Mailing Address
P O BOX 30030 RIVER RANCH FL 33867	P O BOX 30030 RIVER RANCH FL 33867

3. Date Incorporated or Qualified: 12/22/1980
3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2051088 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 4701 Von Karman
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 3rd Floor
City & State 23	City & State 28 Newport Beach, CA
Zip / Country 24 / 25	Zip / Country 29 92660 / 30

9. Name and Address of Current Registered Agent

MYERS, C.B., III
130 EAST CENTRAL AVE
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name: Hal Parks
82 Street Address (P.O. Box Number is Not Acceptable): 24700 Highway 60 East
83
84 City: Lake Whales FL 85 Zip Code: 33853

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Hal Parks DATE
Signature of New Registered Agent (Typed or printed name of registered agent and title if an officer)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	D S T ☒ Change ☒ Addition
NAME	PETTY, RONALD W.	12 NAME	Marlies Novelli
STREET ADDRESS	2400 CRESTMOOR ROAD	13 STREET ADDRESS	4701 Von Karman
CITY-ST-ZIP	NASHVILLE TN	14 CITY-ST-ZIP	Newport Beach, CA 92660
☒ DELETE			
TITLE	PD	21 TITLE	DP ☒ Change ☒ Addition
NAME	HENDERSON, E RANDALL, JR	22 NAME	Raymond Novelli
STREET ADDRESS	2400 CRESTMOOR	23 STREET ADDRESS	4701 Von Karman
CITY-ST-ZIP	NASHVILLE TN	24 CITY-ST-ZIP	Newport Beach, CA 92660
☒ DELETE			
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	100001946281
STREET ADDRESS		33 STREET ADDRESS	-09/12/96--01111--001
CITY-ST-ZIP		34 CITY-ST-ZIP	****500.00 ****300.00
☐ DELETE			
TITLE		41 TITLE	100001946281
NAME		42 NAME	-09/12/96--01111--001
STREET ADDRESS		43 STREET ADDRESS	****600.00 ****375.00
CITY-ST-ZIP		44 CITY-ST-ZIP	
☐ DELETE			
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	DB 9-13-96
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
☐ DELETE			
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE: Marlies de Novelli Marlies Novelli, Sec (714) 474-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0463381 FP