

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F34973**

(0)

1. Corporation Name

RANGELINE PARK, INC.



Principal Place of Business

**C/O JOHN R GOULD
979 BEACHLAND BLVD
VERO BEACH FL 32963-1688**

Mailing Address

**C/O JOHN R GOULD
979 BEACHLAND BLVD
VERO BEACH FL 32963-1688**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**COOKSEY, B.T.
979 BEACHLAND BLVD.
VERO BEACH FL 32963**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Secretary or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KNIGHT, C REED	
STREET ADDRESS	5740 13TH ST. S.W.	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE	VD	☐ DELETE
NAME	MOORE, JOHN K	
STREET ADDRESS	C/O 755 BEACHLAND BLVD	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE	STD	☐ DELETE
NAME	HOGAN, A ROY	
STREET ADDRESS	15 TARPON DR	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE	VD	☐ DELETE
NAME	FITCH, LUTHER L	
STREET ADDRESS	5615 ORDUNA DR	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	VD	☐ DELETE
NAME	KORTH, A.J.	
STREET ADDRESS	2065 N PORPOISE POINT LA	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. REED KNIGHT

407-562-3601

Circle 11 Page 8

CR2E034 (12/95)