

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F35857** (4)

1. Corporation Name
J.F. RANCH, INC.



Principal Place of Business

RT 6 BOX 988
HWY 78
OKEECHOBEE FL 34974-9630
US

Mailing Address

RT 6 BOX 988
HWY 78
OKEECHOBEE FL 34974
US

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

PEARCE, JOHN F.
RT 6 BOX 988
HWY 78 W., GLADES COUNTY
OKEECHOBEE FL 34974

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

Signature typed or printed name of registered agent on this filing only.

Signature typed or printed name of registered agent on this filing only.

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	PEARCE, JOHN F	
STREET ADDRESS	RT 6 BOX 788	
CITY-STATE-ZIP	OKEECHOBEE FL	
TITLE	S	☐ DELETE
NAME	PEARCE, IDELL	
STREET ADDRESS	RT 6 BOX 788	
CITY-STATE-ZIP	OKEECHOBEE FL	
TITLE	V	☐ DELETE
NAME	CRONCICH, HAROLD E.	
STREET ADDRESS	RT. 6, BOX 789	
CITY-STATE-ZIP	OKEECHOBEE FL	
TITLE	V	☐ DELETE
NAME	PEARCE, JOHN F. JR. (2ND	
STREET ADDRESS	RT 6, BOX 788	
CITY-STATE-ZIP	OKEECHOBEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	☐ Change ☐ Addition
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	☐ Change ☐ Addition
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	☐ Change ☐ Addition
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	☐ Change ☐ Addition
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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:

John F. Pearce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96 941
763-4540

CR2E034 (12/95)