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

DOCUMENT # **F96788** **(7)**

1. Corporation Name

B. J. RANCH, INC.

Principal Place of Business	Mailing Address
901-4TH STREET.N. P.O.BOX 368 SAFETY HARBOR FL 34695	901-4TH STREET.N. P.O.BOX 368 SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified: **08/25/1982**
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business
21: 600 Packard Ct.
22: Suite, Apt. #, etc.
23: City & State: Safety Harbor
24: Zip: 34695
25: Country: Pinellas

2a. Mailing Address
26: P.O. Box 368
27: Suite, Apt. #, etc.
28: City & State: Safety Harbor
29: Zip: 34695
30: Country: Pinellas

4. FEI Number: **59-2217649** ☐ 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

9. Name and Address of Current Registered Agent

CARLSON, EDWARD D
250 N.BELCHER RD.,STE.102
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

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 607.0502 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD JACOBSEN, WILLIAM R. 901-4TH STREET,N. SAFETY HARBOR, FL 00000 ☐ DELETE	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP	☒ Change ☐ Addition 600 Packard Ct. Safety Harbor, FL 34695
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS BOUGHTON, SIDNEY 901-4TH STREET,N. SAFETY HARBOR, FL 00000 ☐ DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP	☒ Change ☐ Addition 600 Packard Ct. Safety Harbor, FL 34695
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP	☐ Change ☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP	☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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, or on an attachment with an address.

SIGNATURE: ✓ WRJ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96
Date

813-726-1138
Daytime Phone #