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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G64993** **(0)**

1. Corporation Name
BAR U RANCH, INC.

Principal Place of Business	Mailing Address
% REX A. WYCKOFF P.O. BOX 801 WAUCHULA FL 33873	% REX A. WYCKOFF P.O. BOX 801 WAUCHULA FL 33873-0801

3. Date Incorporated or Qualified: 10/14/1983
3a. Date of Last Report: 02/16/1996

2. Principal Place of Business	2a. Mailing Address
21 c/o Rex A. Wyckoff	26 c/o Rex A. Wyckoff
Suite, Apt. #, etc. 22 1838 KAZEN Road	Suite, Apt. #, etc. 27 P.O. Box 801
City & State 23 WAUCHULA, FL	City & State 28 WAUCHULA, FL
Zip / Country 24 33873 / 25 Hardee	Zip / Country 29 33873 / 30 Hardee

4. FEI Number: 59-2330462 ☐ 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	10. Name and Address of New Registered Agent
WYCKOFF, REX A. RT. 1 BOX 272 R. KAZEN ROAD WAUCHULA FL 33873 only change is address	81 Name: Wyckoff, Rex A. 82 Street Address (P.O. Box Number is Not Acceptable): 1838 KAZEN Road 83 84 City: WAuchula FL 85 Zip Code: 33873

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: Rex A. Wyckoff, Rex A. Wyckoff, President (NOT Registered Agent - signature required when reinstating) DATE: 1/10/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WYCKOFF, REX A. RT. 1 BOX 272 R. KAZEN ROAD WAUCHULA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Wyckoff, Rex A. 1838 KAZEN Road WAuchula, FL 33873	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROLLINS, MARY W. P.O. BOX 801, C.H. GRIFFIN ROAD WAUCHULA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S Rollins, MARY W. 3048 HAMPTON ROAD, P.O. Box 801 WAuchula, FL 33873	☐ Change ☐ Addition
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
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
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
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 (9/96)

14. I do 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, or on an attachment with an address.

SIGNATURE: Mary W. Rollins 1/10/97 941-773-2128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY W. ROLLINS