FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G70486

(7)

HAYMAN RANCH, INC.

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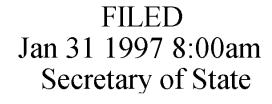
Principal Place of Business

P.O. BOX 117 KENANSVILLE FL 34739

SIGNATURE:

Mailing Address

P.O. BOX 117 KENANSVILLE FL 34739-0117





ı						3. Date Incorporated or Qualified 3a. Date of Last Report 11/17/1983 03/19/1996			
2. Procipal	Place of Business	2a, Masing Ac	2a. Masing Address						plied For
21		26	- h 1			59-2392226	h	ot Applicable	
Suite, Apt #, etc		Suite, Apt.	Suite, Apt. #, etc			Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip		Country	****************	8. This corporation has liability for	intangible t	ax under s.	199.032.
24	25]	29	29 30			Florida Statutes			
<u> </u>	9. Name and Address of Curr			1		10. Name and Address of New Re	gistered A	gent	
	YMAN, WILLIAM			81	Name				
1317 DRUID ISLE RD				82	Street Add	ss (P.O. Box Number is Not Acceptable)			
MAITLAND, F 32751									
				83					
				84	City			0E 7.0 /	Code
				64	City		FL	85 Zip (Jode
office or	registered agent, or both, in the Str am familiar with, and accept the ob	ita of Florida. Such ch ligations of, Section 6	ange was auti	horized by	the corpora	poration submits this statement for the j tion's board of directors. I hereby acce	ourpose of the appo	intment as	s registered registered
	Britishia. Typed or posted rapid of registered	Control of the Control of Terror and the Control of the Control	(NOTE: F		int signature requ	ited when reinstating)	DATE		
12.	OFHICERS /	AND DIRECTORS		13.	·	ADDITIONS/CHANGES TO OFFIC			
TITLE	UP	L.	DEVETE	1.1 THLE	1		L	Change	Addition
NAME	HAYMAN, WILLIAM			1.2 NAME					
STREET ADDRESS				1.3 STREET	ADDRESS				
CiTY+S1+ZiP	MAITLAND, FL 00000			1.4 CITY - S	T-ZIP				
THILE	DVP		DELETE	2.1 TITLE	[(Change	Addition
NAME	HAYMAN, JACK			2.2 NAME	1	% a			
STREET ADDRESS				2.3 STREET	ADDRESS				
CHTY-ST-70P	WAUCHULA FL			2 4 CiTY-5	ST-ZIP				
TITLE			DELETE	3.1 TITLE)		1	Change	Addition
NAME	1			3.2 NAME	Į				
STREET ADDRESS	s)			3.3 STREET	ADDRESS				
CITY-ST-ZIP	Í			3.4 CITY-5	S1-ZIP				
TITLE			DELETE	4.1 TITLE				Change	Addition
NAME				4.2 NAME	Ì				
STREET ADORESS	s			4.3 STREET	ADDRESS				
CHY-ST-ZIP	(4.4 CITY - S	31 - 7IP				
TITLE	1		DELETE	5.1 TITLE				Change	Addition
NAME	1			52 NAME	1				
STREET ADDRESS	ş. (5.3 STREET	ADDRESS				
City - S1 - 7IP	}			54 CITY-S	51 - ZIP				
TITLE			DELETE	6.1 TITLE				Change	Add:tion
NAME	1			6.2 NAME	[
STREET ADDRESS	,			63 STREET	ADDRESS				
City - ST - ZIP	` 			6.4 CITY-S					
14. I do hor	reby certify that the information supr	blied with this filing do	es not qualify t	for the exe	emption state	ed in Section 119.07(3)(i). Florida Statule	es. I further	certify that	the
informal Lam an appears	tion indicated on this annual report officer or director of the corporation s in Block 12 or Block 13 if changed	or supplemental annu or the receiver or tru or on an allachment	al report is true stee empower with an addre	e and acci ed to exec	urate and tha oute this repo	ed in Section 119.07(3)(i), Florida Statule at my signature shall have the same leg ort as required by Chapter 607, Florida	al effect as Statutes, an	if made un id that my r	ider oath; that name