

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G91569 (5)**

1. Corporation Name

CEDAR HILL RANCH, INC.



Principal Place of Business

Mailing Address

**COUNTRY CLUB ROAD
RT. 2, BOX 1494
WILLISTON FL 32696**

**COUNTRY CLUB ROAD
RT. 2, BOX 1494
WILLISTON FL 32696**

3. Date Incorporated or Qualified
03/15/1984

3a. Date of Last Report
09/05/1995

2. Principal Place of Business

2a. Mailing Address

21 **5553 S.E. 160th Avenue**

26 **5553 S.E. 160th Avenue**

4. FEI Number **59-2426356**
NOT APPLICABLE

Applied For
Not Applicable

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **Morrison, FL**

28 **Morrison, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

32668

32668

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

**CONLIN, KENNETH B. JR.
COUNTRY CLUB ROAD
RT. 2, BOX 1494
WILLISTON FL 32696**

81 Name **Kathleen C. Bellamy**

82 Street Address (P.O. Box Number is Not Acceptable)
5553 S.E. 160th Avenue

83

84 City **Morrison**

85 Zip Code **FL 32668**

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 *Kathleen C. Bellamy*

Kathleen C. Bellamy

7-8-96

(Signature of current or former registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** DELETE
NAME **CONLIN, KENNETH B. JR.**
STREET ADDRESS **COUNTRY CLUB ROAD, RT 2, BOX 1494**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PSTD** Change Addition
12 NAME **Kathleen C. Bellamy**
13 STREET ADDRESS **5553 S.E. 160th Ave.**
14 CITY-ST-ZIP **Morrison, FL 32668**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address.

SIGNATURE: *Kathleen C. Bellamy* **Kathleen C. Bellamy** **7-8-96** **(352) 528-2272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAY

DISPATCH FEE #

CR2E034 (3/96)