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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H02037

1. Corporation	on Name	11000	•								
THE BR	RANCOT (CORPORATION									
		,						I HARIATE AND ARDER HERE BARRA DEND HAR AND ARBE	E BORN BORN BURN	LOCALITATION IN CONTRACT	
			٠,								
Principal Pla	ce of Busines	s	N	Mailing Address						. OLDIK OFDAL IDDI	
740 S. TYNDA	LL PARKWAY	*	74	40 S. TYNDALL P	ARKWAY						
PANAMA CITY FL 32404 PANAMA CITY FL 32404					32404			<u> </u>	<u>:</u>	• •	
								DO NOT WRITE IN TH	S SPACE		_
								3. Date incorporated or Qualifed			
2. Principal Place of Business				. Mailing Addres	.,			05/03/1984 4. FEI Number		multipet Con	-
21			_ 	26				59-2478496		pplied For lot Applicable	
Suite, Apt	t. #, etc.	*	20	Suite, Apt. #, e	tc.			·		Additional	4
22			27					5. Certifcate of Status Desired		equired	
City & Sta	ate			City & State				6. Election Campaign Financing	\$5.00	May Be	1
23			28					Trust Fund Contribution		to Fees	
Zip		Country .		Zip		Country		8. This corporation owes the current year I	ntangible		1
24		25	29	<u> </u>	30	-		Personal Property Tax.	Yes	□No	1
	9. Name	and Address of Curre	nt Regi	stered Agent		81	N	10. Name and Address of New Registere	d Agent		4
NEL	JBAUER, TI	IOMAS S.	•			01	Name			. 6 . 1 .	
		MANAGEMENT DIVIS	ON			82	Street Addre	ass (P.O. Box Number is Not Acceptable)		77.	1
740 S. TYNDALL PARKWAY									- : · · · · · · · · · · · · · · · · · ·	Janes Salmer Land	-}
	NAMA CITY					83					İ
						84	City		85 Zip	Códe	1
11. Pursuani	t to the provis	ions of Sections 607.05	02 and 6	607 1508 Florida	Statutes th	ne ahow	e-named como	pration submits this statement for the purpose	f changing its	rogietorod	4
office or	registered ag	ent, or both, in the State	of Flori	ida. Such change	was author	rized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered	
		im, and accept the oblig	auons o	r, Section 607.05	us, Florida i	Statutes					ĺ
SIGNATURE		or printed name of registered age	ent and title	if applicable.	(NOTE: Regis	stered Ager	nt signature required	when reinstating) DATE			۔ ا
12.		OFFICERS A	ND DIRI	ECTORS	·	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	ļ
TITLE	PD			☐ DEL	ETE	1.1 TITLE			Change	☐ Addition] {
NAME		ECHT, LIS C.				1.2 NAME					5
STREET ADDRESS		LOW BLUFF RD.				1.3 STREET	ADDRESS				וֹ נוֹ
CITY-ST-ZIP	PARKER	FL				1.4 CITY-\$	T-ZIP] 6
TITLE	TD			☐ DELI	ETE :	2.1 TITLE		•	☐ Change	☐ Addition	١
NAME	ROYE, JE				1	2.2 NAME					1
STREET ADDRESS	1	BERT HOLMES DR									
CITY-ST-ZIP	PANAMA	LHY ⊁I			l'	2.3 STREET	ADDRESS				
NAME A	1.	OILLIE		Прец		2. 4 CITY-S					-
INVINE	8/1/10		•	☐ DELI	ETE ;	2. 4 CITY-S 3.1 TITLE			Change	☐ Addition_	_
CTOFFT ADDOCCO	\$1.75 E			☐ DELI	ETE :	2. 4 CITY-S 3.1 TITLE 3.2 NAME	T-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition_	
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14. I 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90021 049 ***150.00

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