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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

FILED
Mar 27 1998 8:00am
Secretary of State

FLYING	C RANCH, INC.						
Principal Place	e of Business	Mailing Address				D I DOODDI OKUP OLDEY SEDDE HEKIE DOUGE SOEL ONDER	
P.O. BOX 2368 P.O. BOX 2368 DUNNELLON FL 34430-2368 DUNNELLON FL 34430-2368			2368			DO NOT WRITE IN THIS SPACE	
US US						3. Date Incorporated or Qualified	
						03/19/1985	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				59-2785566 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & State	8	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country				8. This corporation owes or has paid the current year Intangible	
24	25 29 30				Personal Property Tax due June 30. Yes No		
24	9. Name and Address of Currer		1001			10. Name and Address of New Registered Agent	
NO	LTE, VICTORIA E			61	Name		
	2 BOX 812			62	Street A	Address (P.O. Box Number is Not Acceptable)	
	NNELLON FL 34431				01/00(1	Addition (1.0. Box Mainbox is Mac) despitable)	
1				83			
Į.				84	City	85 Zip Code	
						FL	
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							
12.	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable (Ni D DIRECTORS	13.	d Age	nt signature r	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	DELETE		1.1 TITLE		Change Addition	
NAME	COX, WILLIAM		1.2 N/	1.2 NAME			
STREET ADDRESS	RT 8 BOX 808	1.3 \$7		.3 STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL			1.4 CiTY-ST-ZiP			
TITLE	PD			2 1 TITLE		Change Addition	
NAME NOLTE, VICTORIA			2.2 NAME				
STREET ADDRESS	RT 2 BOX 812	!		2 3 STREET ADDRESS			
CITY-ST-ZIP DUNNELLON FL					T-ZIP		
TITLE	\$T □ DELETE		3.1 TI	3.1 TITLE		Change Addition	
NAME				3.2 NAME			
STREET ADDRESS 8237 SW 100TH LN RD			3.3 STREET ADDRESS		i i		
CITY-ST-ZIP	T-ZIP OCALA FL			3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
TITLE				I. 1 HILE I. 2 NAME			
NAME OTBEET ADDRESS				4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				4.3 STREET AUDRESS			
TITLE		DELETE	5.1 TITLE		1 - 111	☐ Change ☐ Addition	
NAME			5.2 N/				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE			_	5.1 TITLE Y			
NAME			6.2 NA	AME	.	300002472943 DAddition -03/31/9801019017	
STREET ADDRESS			6.3 S1	REET	ADDRESS	***150.00	
CITY-ST-ZIP			6.4 CI	TY-S	T-ZIP	3.2/	

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 on an attachment with an address.