

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

FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H77185

(7)

1. Corporation Name  
MYRTLE ISLAND RANCH, INC.



Principal Place of Business

5001 SW RUCKS DAIRY RD.  
OKEECHOBEE FL 34974

Mailing Address

5001 SW RUCKS DAIRY RD.  
OKEECHOBEE FL 34974-8652

3. Date Incorporated or Qualified  
09/20/1985

3a. Date of Last Report  
04/12/1996

2. Principal Place of Business

21 5001 SW Rucks Dairy Rd.  
Suite, Apt. #, etc.

2a. Mailing Address

26 5001 SW Rucks Dairy Rd.  
Suite, Apt. #, etc.

22 Okeechobee Fl 34974  
City & State

27 Okeechobee Fl 34974  
City & State

23  
Zip Country

28  
Zip Country

24  
Country

30  
Country

4. FEI Number  
59-1446845

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

PEARCE, ROY E.  
1122 SW 15TH ST  
OKEECHOBEE FL 33474

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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: ROY E PEARCE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PEARCE, ROY E.  
STREET ADDRESS 1122 S.W. 15TH ST.  
CITY-ST-ZIP OKEECHOBEE FL

☐ DELETE

TITLE VD  
NAME PEARCE, EARL D.  
STREET ADDRESS 5001 SW RUCKS DAIRY RD  
CITY-ST-ZIP OKEECHOBEE FL

☐ DELETE

TITLE SD  
NAME STRATTON, MARGARET P.  
STREET ADDRESS 2151 S.W.-28TH-AVE.  
CITY-ST-ZIP OKEECHOBEE FL

☐ DELETE

TITLE TD  
NAME BARTLETT, JANE P.  
STREET ADDRESS 20464 VANGUARD TERRACE  
CITY-ST-ZIP PORT CHARLOTTE FL

☒ DELETE

TITLE D  
NAME PEARCE, DOROTHY R.  
STREET ADDRESS 5001 SW RUCKS DAIRY RD  
CITY-ST-ZIP OKEECHOBEE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Dorothy R. Pearce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 941-7635-665

Date

Daytime Phone #

CR2E034 (9/96)