
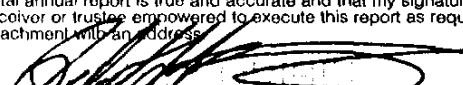


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J10214 (1) 1. Corporation Name RANCHLAND REALTY, INC.					
Principal Place of Business 1420 SOUTH FLORIDA AVE P.O. BOX 2627 LAKELAND FL 33806-2627 US			Mailing Address PO BOX 2627 P.O. BOX 2627 LAKELAND FL 33806-2627 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/18/1986 4. FEI Number 59-2667950 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HARPER, ROBERT F. III 4207 ROLLING OAK DRIVE 4905 WEST WHITE OAK DRIVE LAKELAND FL 33813				10. Name and Address of New Registered Agent 81 Name HARPER, ROBERT F. III 82 Street Address (P.O. Box Number is Not Acceptable) 5508 SCOTT LAKE ROAD 83 84 City LAKELAND FL 85 Zip Code 33813	
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 ROBERT F. HARPER III Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when transferring) DATE 3/27/98					
12. OFFICERS AND DIRECTORS TITLE P NAME HARPER, ROBERT F. III STREET ADDRESS 5508 SCOTT LAKE RD CITY-ST-ZIP LAKELAND FL TITLE SD NAME HARPER, AMY D STREET ADDRESS 5508 SCOTT LAKE RD CITY-ST-ZIP LAKELAND FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
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.					
SIGNATURE: 					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)