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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT #**

 Corporation 	RANGE INVESTMENTS LTD	, INC.							
Principal Place of Business Mailing Address						- (186)(18 ala: Altea trita (Alak yan yan alam a) 5 11 61631 6161	(518)1 616(5 166)	
6318 DEACON (WINDERMERE F	CIR L 34786	6318 DEACON CIR WINDERMERE FL 34786				DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			
						01/28/1987		1	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				59-2760426		Not Applicable	
Suite, Apt. i	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional		
22						v. Certificate of Status Desired	Fee F	Required	
City & State		City & State				6. Election Campaign Financing		O May Be	
23		28				Trust Fund Contribution		d to Fees	
Zip 24	Country Zip 25 29 30			Personal Property 1		This corporation owes the current year Int Personal Property Tax.	ıx. □Yes 🛣 No		
	9. Name and Address of Curren	t Registered Agent		т.		10. Name and Address of New Registered	Agent		
ANDLAND TOURS I ID				81	Name			İ	
MCLANE, JOHN L, JR. 6318 DEACON CIR				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
WIND	DERMERE FL 34786			83					
			ľ	84	City		85 Zip	Code	
					Ť	FL	. ` `		
agent, I ar	to the provisions of securities or segistered agent, or both, in the State of t	lions of, Section 607.0505, Fid	irua Siail	nes.	the corporatio	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoint the purpose of the purpose of n's board of directors. I hereby accept the appoint the purpose of n's board of of n's boar	ntment as i	registered	
12.						ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECT	TORS IN 12	
TITLE	PTD DELETE		1.1 TIT	1.1 TITLE			Change	e ☐ Addition	
NAME	MCLANE, JOHN L. JR.		1.2 NA	1.2 NAME					
STREET ADDRESS 6318 DEACON CIR			1.3 STREET ADDRESS		ADDRESS			1	
CITY-ST-ZIP	WINDERMERE FL		1.4 CITY-ST-ZIP		T-ZIP	<u> </u>			
TITLE	SDV			LE			Change	e	
NAME			2.2 NA	ME					
STREET ADDRESS	ESS 3428 S LAKE BUTLER BLVD		2.3 ST	2.3 STREET ADDRESS				Į	
CITY-ST-ZIP ~	Y 11 17 17 17 17 17 17 17 17 17 17 17 17				IT-ZIP =	<u> </u>			
TITLE	·-	☐ DELETE 3.11					☐ Change	e 🗍 Addition	
NAME			3.2 NA	_					
STREET ADDRESS	•				ADDRESS				
CITY-ST-ZIP			_	IT-ZIP		Change	e		
TITLE		☐ AETE(E	4.1 TITLE 4. 2 NAME				(5/10/19 ¹		
NAME									
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 C/TY-S 5.1 TITLE		1-ZIP		Change	e Addition	
TITLE			5.2 NA				_ •	_	
NAME STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				5.4 CITY-ST-ZIP				}	
TITLE	☐ DELETE 6.1			3.1 TITLE			Change	e 🔲 Addition	
NAME			6.2 NA	ME	1				
STREET ANDRESS	R. M. R. San		6.3 ST	REET	FADDRESS				

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

J. WARNER