FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # **K07041** **(2)**

1. Corporation Name
DOUBLE W RANCH COMPANY

Principal Place of Business
1955 E.F. GRIFFIN RD
SUITE #6
BARTOW FL 33830
US

Mailing Address
PO BOX 2186
SUITE #6
BARTOW FL 33831-2186
US

2. Principal Place of Business
21 6 Lake View PL
Suite, Apt. #, etc.
22
City & State
23 Anna Maria
Zip 24 34216 Country 25 Manatee

2a. Mailing Address
26 PO Box 1369
Suite, Apt. #, etc.
27
City & State
28 Anna Maria
Zip 29 34216 Country 30 Manatee

3. Date Incorporated or Qualified
12/15/1987

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2860804
[ ] 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
ELLSWORTH, W. WM III
1955 E.F. GRIFFIN RD
BARTOW FL 33830

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
6 Lake View Place
83
84 City Anna Maria FL 85 Zip Code 34216

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 W. Ellsworth III 4/30/97
Signature (Signature must be the same as the registered agent's signature on file) (REQUIRED) (Required if Agent changes, optional if Agent is the same) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ELLSWORTH, W. WM III
STREET ADDRESS	6700 S. FLORIDA AVENUE, SUITE #6
CITY-ST-ZIP	LAKELAND FL
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	6 Lake View Pl
1.4 CITY-ST-ZIP	Anna Maria Fl
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

CR2E034 (9/96)