FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR 24 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08102 (0)

1. Corporation Name
BOX RANCH OF MARTIN COUNTY, INC.

Principal Place of Business	Mailing Address
% CLIFFORD F. BURG 7150 SW KANNER HWY INDIANTOWN FL 34956	% CLIFFORD F. BURG 7150 SW KANNER HWY INDIANTOWN FL 34956

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/06/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0137251 ☐ 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

BURG, CLIFFORD F.
7150 SW KANNER HWY
INDIANTOWN FL 34956

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	V	☐ Change ☒ Addition
NAME	BURG, CLIFFORD F.	1.2 NAME	Grieve, Wendy J	
STREET ADDRESS	7150 SW KANNER HWY	1.3 STREET ADDRESS	7150 SW Kanner Hwy	
CITY-ST-ZIP	INDIANTOWN FL	1.4 CITY-ST-ZIP	Indiantown, FL 34956	
TITLE	V	2.1 TITLE	V	☐ Change ☒ Addition
NAME	BURG, JAMES A.	2.2 NAME	Schirard, J. Patrick	
STREET ADDRESS	7150 SW KANNER HWY	2.3 STREET ADDRESS	7150 SW Kanner Hwy	
CITY-ST-ZIP	INDIANTOWN FL	2.4 CITY-ST-ZIP	Indiantown, FL 34956	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	BURG, CLIFFORD P. JR Delete	3.2 NAME		
STREET ADDRESS	7150 SW KANNER HWY	3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL	3.4 CITY-ST-ZIP		
TITLE	ST	4.1 TITLE		☐ Change ☐ Addition
NAME	BURG, SHARON A.	4.2 NAME		
STREET ADDRESS	7150 KANNER HWY	4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an address.

SIGNATURE: _____ 4/6/95 407-287-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Clifford F. Burg, President

C08071 CP