FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

L08102

(0)

BOX RANCH OF MARTIN	COUNTY, INC.	
rincipal Place of Business	Mailing Address	1 1084(\$1) 211 55131 (816) trâtt \$2115 116, 21511 21511 21511 21511 21511 21511
% CLIFFORD F. BURG 7150 SW KANNER HWY INDIANTOWN FL 34956	% CLIFFORD F. BURG 7150 SW KANNER HWY INDIANTOWN FL 34956	

				08/08/1989	04/24/1995
2. Principal Place	e of Business	2a. Mailing Ad	dress	4. FEI Number	Applied For
1		26		65-0137251	Not Applicable
Suite, Apt. #.	etc.	Suite, Apt.	#, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & Star	le	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	7 _I p	Country 30	8. This corporation has liability for i Florida Statutes Yes	intangible tax under s 199.032, ☐ No
	9. Name and Address of Cu	rrent Registered Agei	nt	10. Name and Address of New R	egistered Agent
BURG, CLIFFORD F. 7150 SW KANNER HWY INDIANTOWN FL 34956		81 Name 82 Street A			
			83		
		000 400 Fl	84 City	position authority this statement for the pull	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: typed or printed name of registered agent and title if epipticable. (NO OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	PD	☐ DELE1E	1. 1 TITLE	☐ Change ☐ Addition
ME	BURG, CLIFFORD F.		1.2 NAME	
REE1 ADDRESS	7150 SW KANNER HWY		1.3 STREET ADDRESS	
TY-ST-ZIP	INDIANTOWN FL		14 CHY-SI-ZIP	
LE	V	☐ DELETE	2 1 TITLE	Change Addition
ME	BURG, JAMES A.		2.2 NAME	
PEC CARDOCCC	7150 SW KANNER HWY		2 3 STREET ADDRESS	
1 Y - ST - ZIP	INDIANTOWN FL		2 4 CITY - ST - ZIP	
TLE	V	☐ DELETE	3. 1 TITLE	☐ Change ☐ Addition
/WE	GRIEVE, WENDY J.		3 2 NAME	
REET ADDRESS	7150 SW KANNER HWY		33 STREET ADDRESS	
ITY-ST-ZIP	INDIANTOWN FL		3.4 CITY - ST - ZIP	
TLE	ST	☐ DELETE	4. 1 TITLE	Change Additio
AME	BURG, SHARON A.		4.2 NAME	
TREET ADDRESS	7150 KANNER HWY		4.3 STREET ADDRESS	
TY-ST-ZIP	INDIANTOWN FL		4.4 CITY - ST - ZIP	
1LE	V	☐ DELETE	5. 1 TITLE	Change Additio
AME]	SCHIRARD, J. PATRICK		5 2 NAME	
TREE1 ADDRESS	7150 W KANNER HWY.		5 3 STREET ADDRESS	
TY-ST-ZIP	INDIANTOWN FL		5.4 CITY - ST - ZIP	
TLF		☐ DELETE	6. 1 TITLE	☐ Change ☐ Addition
4ME			6.2 NAME	
TREET ADDRESS			6 3 STREFT ADDRESS	
DITY-ST-ZIP			6.4 CITY - ST - ZIP	the state of the Control of Original Florida Challeton Litthor

14. Ido hereby certify that the information supplied with this filing is voluntarily (urnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental finual 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 tylstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 it shanged, or the analysis of the corporation of the receiver of tylstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: CHOTTED THE TYPE OF THE PERSON WHERE OR DIRECTOR

4/9/96

407-287-2111

Daytime Phone #