FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

MAY -1 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L68876 (6)

1. Corporate Name
CORPORAL J RANCH, INC.

Principal Place of Business
19645 HWY 98 N
OKEECHOBEE FL 34972

Mailing Address
19645 HWY 98 N
OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0192251 — 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. Florida Statutes [X] Yes [ ] No

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

9. Name and Address of Current Registered Agent

CLEMONS, O. JEFFREY
19645 HWY 98 N
OKEECHOBEE FL 34972

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLEMONS, O. JEFFREY
STREET ADDRESS	19645 HWY 98 N
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	VST
NAME	CLEMONS, DEBORAH S.
STREET ADDRESS	19645 HWY 98 N
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	D
NAME	CLEMONS, DEBORAH S.
STREET ADDRESS	19645 HWY 98 N
CITY-ST-ZIP	OKEECHOBEE FL
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

(Change / Addition boxes — blank)

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 on an attachment with an address.

SIGNATURE: O. Jeffrey Clemons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/95 813-763-6487
Date / Daytime Phone #

0383226 CP