## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 **DOCUMENT #** (5)HI-B RANCH, INC. Principal Place of Business Mailing Address P.O. BOX 547853 P.O. BOX 547853 ORLANDO FL 32854-7853 ORLANDO FL 32854-7853 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/09/1988 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 59-2925994 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No Yes 24 25 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRADSHAW, C. E., JR. 1216 N. PARK AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 R4 City 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 Signature, bysect or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 11 TITLE THIF BRADSHAW, CHARLES E., JR MALK 12 NAME 1216 NORTH PARK AVENUE STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE BRADSHAW, CHARLES E III NAME 2.2 NAME 11616 KIRBY SMITH ROAD STREET ADDRESS 2.3 STREET ADORESS ORLANDO FL 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE TITLE 3.1 TITLE Change Addition SUGGS, JEAN S. NAME 3.2 NAME **26603 W COVE DR** STREET ADDRESS 3.3 STREET ADDRESS TAVARES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE \_\_\_ Addition TITLE HIGHTOWER, L. CLEVELAND NAME 4 2 NAME **1814 GERDA TERRACE** 4.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not quarry for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplierrental 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 of the receiver or true of empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, oven an attachment with an address.

SIGNATURE:

**FILED**