

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N12040 (4)**

1. Corporation Name

Ranch & Grove Patrol, Inc

Principal Place of Business

Mailing Address

**4700 W. Midway Rd
FT Pierce, FL
34981**

**4600001795824
1216 Texas Ct
FT Pierce, FL
34950**

3. Date Incorporated or Qualified

11-13-1985

3a. Date of Last Report

3 Feb 95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2588906

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Danny Wolf
2975 Yates Rd
FT Pierce, FL
34981**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
SCAMBLER, WAYNE A.
2696 MCNEIL RD
FT PIERCE FL 34954**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
LOUNDS, EDWARD
1491 S. BROCKSMITH ROAD
FT PIERCE FL 34945**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
COSTOPOLOUS, (LOU) ELIAS
1216 TEXAS CT
FT PIERCE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SMITH, VERNON
3150 NORTH A1A #501
FT PIERCE FL 34982**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
BLOOMFIELD SHELIA
3209 VIRGINA AVE
FT PIERCE FL 34954**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SKOG, RICHARD E.
307 CHERRYHILL ROAD
PORT ST LUCIE FL 34953**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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

**400001795824
-04/26/96--01027--035
***\$61.25**

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

**12
4.25**

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elias Costopoulos (Treasurer)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elias Costopoulos

18 April 96

Date

407-461-3253

Daytime Phone #

CR2E037 (12/95)