


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

| | | | | | |
|---|--|---|---|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF Sandra B. Morth Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N12040 (4) 1. Corporation Name RANCH AND GROVE PATROL, INC. | | | | | |
| Principal Place of Business 4700 W. MIDWAY RD. FT PIERCE FL 34981 | | | Mailing Address C/O LOU COSTOPOULOS 1216 TEXAS ST. FT. PIERCE FL 34950 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | | |
| 22 City & State | | 27 City & State | | | |
| 23 Zip | | 28 Country | | 29 Zip | |
| 24 | | 25 | | 30 | |
| 9. Name and Address of Current Registered Agent WOLF, DANNY 2975 YATES REL FT PIERCE FL 34981 | | | 10. Name and Address of New Registered Agent | | |
| 81 Name | | | 82 Street Address (P.O. Box Number Is Not Acceptable) | | |
| 83 | | | 84 City | | |
| | | | 85 Zip Code | | |
| FL | | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE VP | | | | | |
| 1.2 NAME Thomas, Farrell | | | | | |
| 1.3 STREET ADDRESS 3251 River Drive | | | | | |
| 1.4 CITY-ST-ZIP Ft. Pierce, FL 34981 | | | | | |
| 2.1 TITLE | | | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP | | | | | |
| 3.1 TITLE | | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE | | | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 6.4 CITY-ST-ZIP | | | | | |

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elvis Costopoulos 20 Jan 98 561-461-3253

CR2E037 (10/97)