

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:20

DOCUMENT # N29335 (9)
1. Corporation Name
REPAIRER OF THE BREACH RANCH, INC.

Principal Place of Business Mailing Address
C/O EDWARD P. JORDAN, II
11640 COUNTY RD. 474
CLERMONT FL 34711-9609
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/17/1988 3a. Date of Last Report 05/23/1994
4. FBI Number 59-3001819 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORDAN, EDWARD P., II
11640 COUNTY ROAD 474
CLERMONT FL 32711

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME JORDAN, EDWARD
STREET ADDRESS 11640 COUNTY RD. 474
CITY-ST-ZIP CLERMONT FL
TITLE D
NAME JORDAN, DEBRA
STREET ADDRESS 11640 COUNTY RD. 474
CITY-ST-ZIP CLERMONT FL
TITLE D
NAME WILBURN, ADAM
STREET ADDRESS 1160 W. DESOTO ST.
CITY-ST-ZIP CLERMONT FL
TITLE D
NAME WILBURN, RUBY
STREET ADDRESS 1160 W. DESOTO ST.
CITY-ST-ZIP CLERMONT FL
TITLE D
NAME NEUER, ANITA
STREET ADDRESS 119 E 26 AVE
CITY-ST-ZIP WILDEWOOD NJ
TITLE D
NAME NEUER, PAUL
STREET ADDRESS 119 E 26 AVE
CITY-ST-ZIP WILDEWOOD NJ

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
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

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 110.07(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 or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra B Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/95 3946764
(981)