

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000014936 (8)**

1. Corporation Name

**ROBEN'S RANCH, INC.**



Principal Place of Business

Mailing Address

987 12TH AVE  
GRACEVILLE FL 32440

987 12TH AVE  
GRACEVILLE FL 32440

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**ARMSTRONG, ROBERT M**  
987 12TH AVE  
GRACEVILLE FL 32440

3. Date Incorporated or Qualified

12/29/1992

3a. Date of Last Report

01/13/1995

4. FEI Number

59-3158783

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

1. TITLE

D

DELETE

2. NAME

ARMSTRONG, ROBERT M

3. STREET ADDRESS

987 12TH AVE  
GRACEVILLE FL 32440

4. CITY, ST, ZIP

GRACEVILLE FL 32440

5. TITLE

D

DELETE

6. NAME

ARMSTRONG, BENJAMIN S

7. STREET ADDRESS

987 12TH AVE  
GRACEVILLE FL 32440

8. CITY, ST, ZIP

GRACEVILLE FL 32440

9. TITLE

DELETE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

Change  Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

Change  Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

Change  Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

Change  Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

Change  Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

Change  Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

SIGNATURE:

*Robert M. Armstrong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert M. Armstrong

1/31/96 263-4451  
DATE TIME PHONE #

CR2E034 (12/95)