

**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: **987 12TH AVE GRACEVILLE FL 32440**  
Mailing Address: **987 12TH AVE GRACEVILLE FL 32440**

2. Principal Place of Business: **987 12TH AVE GRACEVILLE FL 32440**  
2a. Mailing Address: **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**  
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

9. Name and Address of Current Registered Agent  
**ARMSTRONG, ROBERT M  
987 12TH AVE  
GRACEVILLE FL 32440**

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: DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>ARMSTRONG, ROBERT M</b>	<input type="checkbox"/> DELETE	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: <b>987 12TH AVE GRACEVILLE FL 32440</b>		1.2 STREET ADDRESS: _____	
12.3 CITY, ST, ZIP: _____		1.3 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 TITLE: <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: <b>ARMSTRONG, BENJAMIN S</b>		2.2 NAME: _____	
12.6 STREET ADDRESS: <b>987 12TH AVE GRACEVILLE FL 32440</b>		2.3 STREET ADDRESS: _____	
12.7 CITY, ST, ZIP: _____		2.4 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 TITLE: _____	<input type="checkbox"/> DELETE	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME: _____		3.2 NAME: _____	
12.10 STREET ADDRESS: _____		3.3 STREET ADDRESS: _____	
12.11 CITY, ST, ZIP: _____		3.4 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.12 TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME: _____		4.2 NAME: _____	
12.14 STREET ADDRESS: _____		4.3 STREET ADDRESS: _____	
12.15 CITY, ST, ZIP: _____		4.4 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16 TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME: _____		5.2 NAME: _____	
12.18 STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
12.19 CITY, ST, ZIP: _____		5.4 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.20 TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 NAME: _____		6.2 NAME: _____	
12.22 STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
12.23 CITY, ST, ZIP: _____		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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or in an attachment with a address.

SIGNATURE:   
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)