## FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000011302 (5)

EL RANCHO HUNTING PRESERVE, INC.

Principal Place of Business Mailing Address 2153 COON HOLLOW TRAIL 2153 COON HOLLOW TRAIL **CHIPLEY FL 32428-4080** CHIPLEY FL 32428 3. Date Incorporated or Qualified 3a. Date of Last Report 02/08/1993 04/11/1996 2. Principal Place of Business 2a. Mading Address 4. FEI Number Applied For 59-3172113 Not Applicable Solte, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Country **2**(p) Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YATES, REX T 2153 COON HOLLOW TRAIL Street Address (P.O. Box Number is Not Acceptable) CHIPLEY FL 32428 83 Zip Code 11. Pursuant to the provisions of Scotions 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. Land fare tair with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signation , typed or printed name of region red agent and trie if applicable (NOTE: Registered Agent signature required when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE Addition TITLE YATES, REX T 1.2 NAME NAME 2153 COON HOLLOW TRAIL STREET ADDRESS 1.3 STREET ADDRESS CHIPLEY FL 1.4 CITY-ST-ZIP CIN-SI-76 Change Addition DELETE 2.1 TITLE THLE NAVE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP OTY - ST DELETE Change Addition TILLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - 26 34 CITY-ST-ZIP DELETE Channe noitibba  $\text{TH}(\mathbf{f}$ 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STHEET ADDRESS 4.4 CITY - ST-ZIP 0174-51-709 DELETE Change Addition TITLE 51 TITLE 52 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP DELETE Addition 61 TITLE T-DF 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS

6.4 CITY - ST - ZIP

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 han 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

14. I do hareby certily 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

FILED
Mar 03 1997 8:00am
Secretary of State

(96/6)

**CR2E034**