FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000004202 (5)

Country

LA BELLE RANCH SUPPLY, INC.

Principal Place of Business Mailing Address 281 S BRIDGE ST 281 S BRIDGE ST LABELLE FL 33935 LABELLE FL 33935 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/10/1994 2. Principal Place of Business 2a. Mailing Address 65-0463177 26 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees

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24 25 9. Name and Address of Current Registered Agent HOWARD, GEORGE S 5522 FRONTIER CIR. LABELLE FL 33935

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Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	10. Name and Address of New Registered Agent
61	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

FILED

Feb 18 1998 8:00am

Secretary of State

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 Signafule, typed or printed name of registered agent and title diapplic abic (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1 1 TITLE Change ___ Addition TITLE NAME HOWARD, GEORGE S 1.2 NAME 281 S BRIDGE ST STREET ADDRESS 1.3 STREET ADDRESS LABELLE FL 33935 CITY-ST-ZIP 1.4 CiTY-ST-ZiP DELETE Change Addition TITLE 2 1 TITLE HOWARD, VICTORIA B NAME 2.2 NAME 281 S BRIDGE ST STREET ADDRESS 23 STREET ADDRESS LABELLE FL 33935 CITY - ST - ZIP 2. 4 CITY-ST-ZIP Change DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE I... Addition Change TITLE 4.1 TITLE MALKE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELFTE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 armual 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 trustoe 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 the receiver of the receiver of

SIGNATURE: 入

Applied For

Not Applicable