

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000004440 (1)

1. Corporation Name

BACK FORTY RANCHES, INC.

Principal Place of Business

1992 LENA LANE
SARASOTA FL 34240

Mailing Address

1992 LENA LANE
SARASOTA FL 34240



2. Principal Place of Business

21

Suite, Apt. #, etc.

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City & State

23

Zip

Country

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2a. Mailing Address

26

Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

DRAKE, J K
1343 MAIN STREET
SUITE 204
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/30/1993

3a. Date of Last Report

02/03/1995

4. FET Number

65-0497948

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

SIGNATURE

Signature of Registered Agent or Director

Signature of Agent or Director

Signature

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
VEALE, GEORGE W IV
1992 LENA LANE
SARASOTA FL 34240

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
VEALE, GEORGE W V
1992 LENA LANE
SARASOTA FL 34240

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
ISAACS, DELBERT
1992 LENA LANE
SARASOTA FL 34240

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
ISAACS, VICTORIA
1992 LENA LANE
SARASOTA FL 34240

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TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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13.

1. TITLE
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96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 9413221992

CR2E034 (12/95)