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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000045114 (3)

CIRCLE M RANCH, INC.

Princip	al Place of Business	
	ALEXANDER ST.	

Mading Address

P.O. BOX 2636 PLANT CITY FL 33564-2638

FILED Mar 21 1997 8:00am Secretary of State



PLANT CITY FL 33566		PLANT CITY FL 33564-2636					
					3. Date Incorporated or Qualified 06/16/1994	3a. Date of L 04/29/19	
2. Principal Place of Business 21 Suite Apt # etc 22 City & State 23		2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 59-3324294		Applied For Not Applicable
		Suite, Apt #, etc.			5. Certificate of Status Desired	.75 Additional ee Required	
		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zιρ	Country	Z:p	├ ──¬	intry	8. This corporation has liability for		der s. 199.032
4	25 9. Name and Address of Cui	reant Pagistered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No	······································
144		Item vehisteren wann		81 Name	(C. Maille also Address of feet the	giotoroa rigorii	
	irtin, e. snow Jr. D lake Morton Dr.						
	KELAND FL 33801			82 Street Ac	Idress (P.O. Box Number is Not Acceptat	DIE)	
LA	VEDVID I C 00001			83			
				84 City		85	Zip Code
				City		FL 👸	Zip Cook
SIGNATURE 	Structure type for point diminured respects:	Lagerrand tracif applicable (NC AND DIRECTORS	DTE: Registere	d Agent signature re	gured when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIREC	CTORS IN 12
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	MADONIA, BATISTA J SR. 902 S. ALEXANDER ST.			ame Treet address			
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. For hereby centry that the information supplied with this filling coes not quality for the exemption stated in section 119.07(3)(f), Florida Statutes. Flurther behalf that the information indicated on this annual report or supplicit and all report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Fam an officer or director of the corporation or the ficeing of trustee empire red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by the parameters without fidness.

SIGNATURE:

IGNA URE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

(113)254-3171 Dayline Priore #