

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045114

1. Corporation Name

CIRCLE M RANCH, INC.

Principal Place of Business

902 E. ALEXANDER ST.
PLANT CITY FL 33566

Mailing Address

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

28

Country

24

25

Zip

29

Country

30

g. Name and Address of Current Registered Agent

MARTIN, E. SNOW JR.
200 LAKE MORTON DR.
LAKELAND FL 33801

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PVD

DELETE

NAME

MADONIA, BATISTA J SR.

STREET ADDRESS

902 S. ALEXANDER ST.

CITY-ST-ZIP

PLANT CITY FL 33566

TITLE

STDV

DELETE

NAME

MADONIA, EVELYN M

STREET ADDRESS

902 S. ALEXANDER ST.

CITY-ST-ZIP

PLANT CITY FL

TITLE

DELETE

NAME

STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:



Batista Madonia, Sr.

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90023 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1994

4. FEI Number

59-3324294

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

CR2E034-(11/98)

2/15/99

(813) 754-3171

Daytime Phone #