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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

STREET ADDRESS

appears in Block 12 or Block

SIGNATURE: X

CITY-ST-ZIP

DOCUMENT # P9400068690 (4)

ANSWERED PRAYER RANCH CONSTRUCTION, INC.

Principal Place of Business Mailing Address 25314 RICHBARN RD 25314 RICHBARN RD BROOKSVILLE FL 34601-5332 **BROOKSVILLE FL 34601** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/15/1994 04/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3271714 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite Apt #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHESTNUT. BILLY 25314 RICHBARN RD 82 Street Address (P.O. Box Number is Not Acceptable) **BROOKSVILLE FL 34801** Ba City Zip Code 85 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. Lam familiar with, and accept the obligations of the section 607.0505, Florida Statutes. (NOTE: Ragistered Agent signature required when reinstating) I and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE \_\_\_ Change Addition TITLE 1.1 TITLE CHESTNUT, BILLY 1.2 NAME CR2E034 NAME 25314 RICHBARN RD STREET ADDRESS 1.3 STREET ADDRESS BROOKSVILLE FL 34601 14 CITY-ST-ZIP CITY - S1 - Z(F Addition DELETE ☐ Change TITLE 21 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-7P DELETE Change Addition 3.1 TITLE THUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP C(17 - S1-2)P ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP City-St-7iP DELETE Change Addition TOTLE 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-\$T-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 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

14. I do 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