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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000081525 (5)

1. Corporation Name

FLYING DUTCHMAN RANCH, INC.

Principal Place of Business

3476 SW 85TH STREET
OCALA FL 34476
US

Mailing Address

P.O. BOX 3068
OCALA FL 34478-3068
US



3. Date Incorporated or Qualified
11/07/1994

3a. Date of Last Report
02/06/1996

2. Principal Place of Business

21 1547 SE, 59TH ST.

Suite, Apt. #, etc.

22

City & State

23 OCALA, FL.

Zip

24 34480

Country

25 USA

2a. Mailing Address

26 P.O. BOX 3068

Suite, Apt. #, etc.

27

City & State

28 OCALA FL.

Zip

29 34478-3068

Country

30 USA

4. FEI Number

59-3278166

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

9. Name and Address of Current Registered Agent

MORSE, STEVEN J.
8580 SW 27TH AVE.
3476 SW 85TH STREET
OCALA FL 34476

10. Name and Address of New Registered Agent

81 Name MORSE, STEVEN J.

82 Street Address (P.O. Box Number is Not Acceptable)
1547 SE, 59TH ST.

83

84 City OCALA

FL

85 Zip Code
34480

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

Steven J. Morse PRESIDENT

1/20/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PVPS ☐ DELETE
NAME MORSE, STEVE
STREET ADDRESS P.O. BOX 3068 N/A
CITY-ST-ZIP OCALA FL

TITLE VP ☐ DELETE
NAME MORSE, STEVE
STREET ADDRESS 1547 SE 59TH STREET
CITY-ST-ZIP OCALA FL

TITLE D ☒ DELETE
NAME MCLEOD, LU
STREET ADDRESS P.O. BOX 2471 N/A
CITY-ST-ZIP OCALA FL 34478

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

Steven J. Morse PRESIDENT

1/20/97

352 237 4262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)