SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000000478 (4) ESTILL EMU RANCH, INC. Principal Place of Business Mailing Address 2643 ENDSLEY RD 2643 ENDSLEY RD **BROOKSVILLE FL 34609 BROOKSVILLE FL 34609** 3a. Date of Last Report 3. Date incorporated or Qualified 01/03/1995 4. FEI Number 59-3289729 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt # etc Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 ader s. 199 032 8. This corporation has liability for intangible tax Country Zıp Country Zip Yes I No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ESTILL, HAWARD 82 2643 ENDSLEY RD **BROOKSVILLE FL 34609** 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corragent. Fam familiar with, and accept the obligations of Section 607.0505. Florida Statutes.

SIGNATURE ANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. Addition 12. 117718 DELFIE ESTILL, HOWARD CR2E034 TITLE 1.2 NAME ESTILL, HAWARD NAME 1.3 STREET ADDRESS 2643 ENDSLEY RD STREET ADDRESS **BROOKSVILLE FL 34609** 14 CITY - ST - ZIF Change Addition CITY - ST - ZIP DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST-ZIP Change Addition CITY-ST-ZIP DELETE 31 THLE THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-SI-ZIP CITY-ST-ZIP Change \_\_\_\_ Addition DELETE 4 1 TifLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP

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 logal effect as if made under oath, that I am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or block 13 if changed, or or an attachment with a address 64 CITY - ST - ZIP

5 1 TITLE

5.2 NAME

61 TITLE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 City - S1 - ZiP

SIGNATURE:

CITY - ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

DELETE

DELETE

Change Addition

Change Addition