

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000016517 (1)

1. Corporation Name

~~SKYLAND PAINTS, INC.~~ FLYING B RANCH, INC.



Principal Place of Business

12208 2ND ST E
TREASURE ISLAND FL 33706

Mailing Address

P.O. BOX 67123
ST PETERSBURG FL 33736

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 20143 Hwy 135
Suite, Apt. #, etc.

26 12208-2nd St EAST
Suite, Apt. #, etc.

4. FEI Number

59-3321692

Applied For

Not Applicable

22 City & State

23 CRESTED BUTTE, CO

27 City & State

28 TREASURE ISLAND FL

24 Zip

81224

Country

29 Zip

33706

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

KAUFFMAN, JAY E
5999 CENTRAL AVE
SUITE 203
ST PETERSBURG FL 33710

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 is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GUERRIERI, KERI
STREET ADDRESS P.O. BOX 67123
CITY-ST-ZIP ST PETERSBURG FL 33736 ☒ DELETE

TITLE D
NAME GUERRIERI, STEVEN
STREET ADDRESS P.O. BOX 67123
CITY-ST-ZIP ST PETERSBURG FL 33736 ☒ DELETE

TITLE VD
NAME BUSH, STUART A
STREET ADDRESS P.O. BOX 67123
CITY-ST-ZIP ST PETERSBURG FL 33736 ☐ DELETE

TITLE STD
NAME BUSH, JOANN E.
STREET ADDRESS P.O. BOX 67123
CITY-ST-ZIP ST PETERSBURG FL 33736 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 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 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.

Joann E. Bush

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (813) 360-2874

Date

Daytime Phone #

CR2E034 (12/95)