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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031632 (9)

RANGER CONSTRUCTION SERVICES, INC.

FILED Mar 12 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 7701 HOFFY CIRCLE 7701 HOFFY CIRCLE LAKE WORTH FL 33467 LAKE WORTH FL 33467 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/19/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0586137 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zιρ Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REBBAN, STACEY E 7701 HOFFY CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33467 83 City 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 proted come of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE Change Addition Diffes. REBBAN, STACEY E NAME 1.2 NAME STREET ADDRESS 7701 HOFFY CIRCLE 1.3 STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change 21 TITLE Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this arriugh most in supplemental air in all 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 coverage of the free or director of the coverage of the coverage

SIGNATURE/

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