

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000061262 (8)**  
1. Corporation Name  
**A & A RANCH, INC.**



Principal Place of Business: P.O. BOX 1348 LAKE WALES FL 33853  
Mailing Address: P.O. BOX 1348 LAKE WALES FL 33853

3. Date incorporated or Qualified: **08/08/1995**  
3a. Date of Last Report

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **Applied for**  
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  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: P/D [ ] Change [x] Addition  
1.2 NAME: **Marjorie Armington**  
1.3 STREET ADDRESS: **2500 Boy Scout Rd.**  
1.4 CITY - ST - ZIP: **Lake Wales, FL 33853**  
2.1 TITLE: VP/D [ ] Change [x] Addition  
2.2 NAME: **Joanne Hadlock**  
2.3 STREET ADDRESS: **3320 Cold Springs Rd**  
2.4 CITY - ST - ZIP: **Austinburg, OH 44010**  
3.1 TITLE: SID [ ] Change [x] Addition  
3.2 NAME: **Robert R. Crittenden**  
3.3 STREET ADDRESS: **103 Avenue A, N.W.**  
3.4 CITY - ST - ZIP: **Winter Haven, FL 33880**  
4.1 TITLE: T [ ] Change [x] Addition  
4.2 NAME: **Robert Armington**  
4.3 STREET ADDRESS: **2500 Boy Scout Rd.**  
4.4 CITY - ST - ZIP: **Lake Wales, FL 33853**  
5.1 TITLE: [ ] Change [ ] Addition  
5.2 NAME: [ ] Change [ ] Addition  
5.3 STREET ADDRESS: **500001800605**  
5.4 CITY - ST - ZIP: **-04/30/96--01016--011**  
6.1 TITLE: [ ] Change [ ] Addition  
6.2 NAME: [ ] Change [ ] Addition  
6.3 STREET ADDRESS: **\*\*\*200.00**  
6.4 CITY - ST - ZIP: [ ] Change [ ] Addition

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.

SIGNATURE: *Marjorie A. Armington* Date: **4/10/96** Daytime Phone #: **941-696-7744**

CR2E034 (12/95)

4/29/96