

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068144

1. Corporation Name
RIVER RANCH ORLANDO, INC.

Principal Place of Business
7942 CHANCELLOR DR
ORLANDO FL 32809
US

Mailing Address
7942 CHANCELLOR DR
ORLANDO FL 32809
US

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90012 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1995

4. FEI Number

74-2757366

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 owes the current year intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

EVANS, WANDA
8801 EXCHANGE DRIVE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

WAYNE WALLING

82 Street Address (P.O. Box Number is Not Acceptable)

7942 CHANCELLOR DRIVE

83

84 City

ORLANDO

FL

85 Zip Code

32809

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KLASSON, ERIC
STREET ADDRESS 1156 ABBOTT ST
CITY-ST-ZIP SALMAS CA 93901
☒ DELETE

TITLE ST
NAME HILGER, JAMES
STREET ADDRESS 1156 ABBOTT ST
CITY-ST-ZIP SALMAS CA 93901
☒ DELETE

TITLE AS
NAME LUCAS, JAMES
STREET ADDRESS 1156 ABBOTT ST
CITY-ST-ZIP SALMAS CA 93901
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 PRESIDENT
1.2 NAME JAMES I. LUCAS
1.3 STREET ADDRESS 1156 ABBOTT STREET
1.4 CITY-ST-ZIP SALMAS, CALIFORNIA 93901
☐ Change ☐ Addition

2.1 TITLE VICE PRESIDENT
2.2 NAME MARY SWEENEY
2.3 STREET ADDRESS 1156 ABBOTT STREET
2.4 CITY-ST-ZIP SALMAS, CALIFORNIA 93901
☐ Change ☐ Addition

3.1 TITLE VICE PRESIDENT
3.2 NAME DUNCAN HYDE
3.3 STREET ADDRESS 1156 ABBOTT STREET
3.4 CITY-ST-ZIP SALMAS, CALIFORNIA 93901
☐ Change ☐ Addition

4.1 TITLE ASSISTANT SECRETARY
4.2 NAME HELEN RODRIGUEZ
4.3 STREET ADDRESS 1156 ABBOTT STREET
4.4 CITY-ST-ZIP SALMAS, CALIFORNIA 93901
☐ Change ☐ Addition

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

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

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)