SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED
AND
FILED

1997 NOV 10 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P95000083815 (7)

1. Corporation Name
L BAR 3 RANCH, INC.

Principal Place of Business	Mailing Address
4538 N.E. HIGHWAY 17 ARCADIA FL 33821	4538 N.E. HIGHWAY 17 ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1995
3a. Date of Last Report: 07/30/1996

2. Principal Place of Business
21: 4410 State Road 31
22: Suite, Apt. #, etc.
23: Punta Gorda, FL
24: Zip 33950
25: Country

2a. Mailing Address
26: 4410 State Road 31
27: Suite, Apt. #, etc.
28: Punta Gorda, FL
29: Zip 33950
30: Country

4. FEI Number: 59-3356021 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STATON, ROBERT D SR
4538 N.E. HIGHWAY 17
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name: John L. Polk P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 141 West Marion Ave.
83:
84 City: Punta Gorda **FL** 85 Zip Code: 33951

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: John L. Polk 9-30-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	STATON, ROBERT D SR	1.2 NAME	Cindy Wright
STREET ADDRESS	4538 N.E. HIGHWAY 17	1.3 STREET ADDRESS	4410 State Road 31
CITY-ST-ZIP	ARCADIA FL 33821	1.4 CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	000002345710----4
CITY-ST-ZIP		2.4 CITY-ST-ZIP	-11/13/97--01009--006
TITLE	☐ DELETE	3.1 TITLE	****550.00 ****550.00 ☐ 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		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (4/97)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED John L. Polk 9-2-97