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 # **P95000088607 (3)**

1. Corporation Name

TALL PINES RANCH & RESORT, INC.

Principal Place of Business	Mailing Address
306 NORTH MAIN STREET #A HASTINGS FL 32145	POST OFFICE BOX 182 HASTINGS FL 32145-0182

3. Date Incorporated or Qualified: **11/15/1995**
3a. Date of Last Report:

2. Principal Place of Business
21: 6770 SR 207
22: Suite, Apt. #, etc.
23: City & State: ELKTON, FL
24: Zip: 32033
25: Country: ST JOHNS

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3363007 ☐ 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

SCOTT, HOLLY E
306 NORTH MAIN STREET #A
HASTINGS FL 32145

10. Name and Address of New Registered Agent

81 Name: Joseph VIRGA
82 Street Address (P.O. Box Number is Not Acceptable): 6770 S.R. 207
83:
84 City: ELKTON FL 85 Zip Code: 32033

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: Joseph Virga President — DATE: 4/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	SCOTT, HOLLY E	
STREET ADDRESS	POST OFFICE BOX 182	
CITY-ST-ZIP	HASTINGS FL 32145-0182	
TITLE	D.P.	☐ DELETE
NAME	VIRGA Joseph	
STREET ADDRESS	6770 SR 207	
CITY-ST-ZIP	ELKTON, FL 32033	
TITLE	DVP	☐ DELETE
NAME	Kerekes Cheryl	
STREET ADDRESS	622 Town Colony Dr	
CITY-ST-ZIP	Middle Town, CT 06457	
TITLE	D.S.	☐ DELETE
NAME	Milman Marjorie	
STREET ADDRESS	45A Country Dr East	
CITY-ST-ZIP	STATEN ISLAND, N.Y. 10314	
TITLE	DT	☐ DELETE
NAME	VIRGA VIVIAN	
STREET ADDRESS	6770 SR 207	
CITY-ST-ZIP	ELKTON, FL 32033	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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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: Joseph Virga President — 4/16/96 — 904 692 3702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #