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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600005397 (0)

CIRCLE H RANCH OF LAKE COUNTY, INC.

Principal Place	e of Business	Mailing Address	Mailing Address					
25525 HIGHWAY 48 SUITE ONE		25525 HIGHWAY 48	25525 HIGHWAY 48			· ·		
		SUITE ONE						
SORRENTO FL 32776		SORRENTO FL 32778-952	SORRENTO FL 32776-9527		3. Date Incorporated or Qualified 3s. Date of Last Report			
					01/17/1996	30,00,120	iot i topott	
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26 P.O. box	1515		59-3359210	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	ed \$8.75 Additional		
22		27			5. Certificate of Status Desired	Fe	e Required	
City & State		· · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing \$5.00 May Be			
23		28 Mt. Dora, F			Trust Fund Contribution		ded to Fees	
Zip	Country	Zip	Count	У	8. This corporation has liability for	or intangible tax und ✓ Yes   ☐ No	ler s. 199.032,	
24	25 29 32756-1515 9. Name and Address of Current Registered Agent		[30]		Fiorida Statutes MY Yes LI No  10. Name and Address of New Registered Agent			
4161		ont neglistores regon	8	Name	194 7100110 0110 11001100 01 110011 1			
HILL, KAY W 25525 HIGHWAY 48								
		8	2 Street Ac	dress (P.O. Box Number is Not Accept	able)			
SUIT		8	3					
SORRENTO FL 32776			L					
			8	4 City		FL  85	Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statu	ites, the abo	ve-named co	orporation submits this statement for the	nurpose of changi	ing its registered	
office or r	registered agent, or both, in the Sta	te of Florida. Such change was	authorized I	ov the corpo	ration's board of directors. I hereby acc	ept the appointmen	it as registered	
agent. i a	im familiar with, and accept the obl	Igayons of, Section 607,0305, P	Torida Statul	#8. 		4-20-91	7	
SIGNATURE	Stignative, types of postered a	agent and title if applicable (NC	TE: Registered A	gent signature re	quired when reinstating)	DATE	<u>'</u>	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12	
TITLE	D	DELETE	1.1 TITLE		C/S/T	<b>□</b> Cha	inge 🔲 Addition	
NAME	HILL, EUGENE G		1.2 NAM	:	C/3/1			
STREET ADDRESS	24037 WOLF BRANCH ROAL		1.3 STRE	et address			ļ	
CITY - ST - ZIP	SORRENTO FL 32776		1.4 CITY	-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE		P/D	□ <b>x</b> cha	inge 🔲 Addition	
NAME	HILL, KAY W		2.2 NAME		P/D			
STREET ADDRESS	24037 WOLF BRANCH ROAD		2.3 STREET ADDRESS					
CITY - \$1 - ZIP	SORRENTO FL 32776		2.4 CITY	-ST-ZIP				
TOLE		☐ DELETE	3.1 TITLE			☐ Cha	inge Addition	
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 \$TRE	ET ADDRESS			ł	
CHY+SL-ZIP			3.4. C(T)					
TITLE		L. DELETE	4.1 TITLE			L Cha	ange [_] Addition	
NAME			4. 2 NAN	-				
STREET ADDRESS				et address			,	
CHY-ST-7IP		□ nriftr	4.4 CITY			[] Ok	ange Addition	
TITLE		L DELETE	5.1 TITLI			L Cha	inge [] Audilion	
NAME			5.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP		DELETE	5.4 CITY			☐ Cha	ange Addition	
Tift		F" DETEIL	6.1 TITU				mgv rudilion	
NAME			6.2 NAM					
STREET ADORESS				ET ADDRESS				
001Y+S1+ZIP 14 Ldo bere	by certify that the information cupp	had with this filing does not gue	6.4 CITY	remotion sta	ited in Section 119.07(3)(i), Florida Statu	ites. I further certify	that the	
information	on indicated on this annual report o	ir supplemental annual report is	i true and ac	curate and t	hat my signature shall have the same le	gal effect as if mad	le under oath; that	
appears	in Block 12 or Block 13 if changed	or an attachment with an ac	ddress.	20010 11118 FE	port as required by Chapter 607, Florida	i olatolee, and that	ніу паліф	