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 # **P97000021422**1. Corporation Name

RANCH 19 CORP.

Principal Plac	e of Business	Mailing Address				- T 196110001 (CB 104)1 (BD14 BD1() 00511	OBSIL BOILD (SEA)		(1840)INI 1801
28059 US HWY		28059 US HWY 19 NORTH							•
SUITE 100		SUITE 100							
CLEARWATER FL 33761 CLEARWATER FL 33761			,			DO NOT WRITE	IN THIS SP	ACE.	
US		US				3. Date Incorporated or Qualifed			
						03/07/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-3435087			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	_	•	Additional
22		27						Fee Re	equired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the curren	·		
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		24 21		10. Name and Address of New Reg	gistered Age	ent	
KIME	TON, WILLIAM J		ľ	B1 Nar	ne				
	9 US HWY 19 NORTH		ļ,	32 Stre	et Addre	ess (P.O. Box Number is Not Acceptable	e)		
	E 100					en appearance and consequent	re hier militer	**** ***	2 talt : m5v;
	ARWATER FL 33761	,];	83		第二次 。			
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ingeren eigen wir einen	A STATE AND	Specification of the section of				ration submits this statement for the pu	FL		
CLE agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	rida Statul	es.		n's board of directors. I hereby accept to	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONO (OLIVINO DE TO OFFIC			
TITLE	DVS					ADDITIONS/CHANGES TO OFFICE	JERS AND L	PIRECTO	RS IN 12
NAME .	KIMPTON, WILLIAM J	☐ DELETE	1.1 TITL	E				ORECTO Change	RS IN 12
STREET ADDRESS		L) DELETE	1.1 TITL 1.2 NAM			ADDITIONS/CHANGES TO OFFIC			
CITY-ST-ZIP	28059 US HWY 19 N, STE 100	L.J DELETE	1.2 NAM		ss				
-	· · · · · · · · · · · · · · · · · · ·	DELETE ,	1.2 NAM 1.3 STR	IE EET ADDRE	ss				
TITLE	28059 US HWY 19 N, STE 100 CLEARWATER FL 33761 DPT	☐ DELETE	1.2 NAM 1.3 STR	IE EET ADDRE '-ST-ZIP	ss				
NAME .	CLEARWATER FL 33761 DPT		1.2 NAM 1.3 STR 1.4 CITY	IE EET ADDRE '-ST-ZIP E	ss] Change	Addition
NAME .	CLEARWATER FL 33761 DPT FRANK, JOHN P		1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM	IE EET ADDRE '-ST-ZIP E] Change	Addition
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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 proof of supplemental abnual 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 proportion or the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13/1 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90062 007 ***150.00