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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000039393 (8)**

RIO VAGA RANCH, INC.

FILED Feb 27 1998 8:00am Secretary of State

Fillicipal Flace of Edeliness (Moning		Marin B Maaross	18 /1001033		
3785 CROWN POINT RD. UNIT #13 JACKSONVILLE FL 32257		3765 CROWN POINT RD. UNIT #13 JACKSONVILLE FL 32257			DO AIOT MIDITE IN THIS SPACE
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 05/01/1997
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21		26			59-3453604 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SA.75 Additional
22		F3	27		5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		<u>}</u> -¬ ′	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	Υ	8. This corporation owes or has paid the current year Intangible
24	25	29	30	•	Personal Property Tax due June 30. 🔀 Yes 🔲 No
	9. Name and Address of Cur		1001		10. Name and Address of New Registered Agent
Al	CHTER, PATRICIA K		8.	Name	
3765 CROWN POINT RD, UNIT #13			8:	Circol	Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32257			64	30000	routess (F.O. Dox Number is Not Acceptable)
			8:	,	
			84	City	85 Zip Code
			-	1	FL T T
11. Pursuant I	o the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	atutes, the abo	/e-named c	corporation submits this statement for the purpose of changing its registered to ration's board of directors. I hereby accept the appointment as registered
office or re	egistered agent, or both, in the St	ate of Florida. Such change w	as authorized t Florida Statuti	y the corp	oration's board of directors. I hereby accept the appointment as registered
	in tarilliar with, and accept the or	inganoris or, section bor toobs	, 1 10/100 010101		
SIGNATURE	Signature, typied or printed name of registered	about and title if applicable (NOTE Registered A	ent signature t	required when reinstaling) DATE
12.		AND DIRECTORS	13.	i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE	-	Change Addition
NAME	AUCHTER, PATRICIA K		1.2 NAME		
STREET ADDRESS	AZAS ODOMAI DOMIT DO LIMIT 440			T ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257		14 CITY		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAMI		
STREET ADDRESS				ET ADDRESS	
			2. 4 CITY		
CITY-ST-ZIP TITLE	DELETE		3.1 TITLE		Change Addition
			3.2 NAMI	1	
NAME			,	ET ADDRESS	
STREET ADDRESS					
CITY-ST-ZIP		DELETE	3.4. CITY 4.1 TITLE		Change Addition
TITLE		ע אוננונ		l	
NAME			4. 2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-S1-ZIP		DELETE	4.4 CITY		Change Addition
TITLE		C" DEFECT	51 TITLE		Ca Challact
NAME			5.2 NAM	i i	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		T prieve	5.4 CITY		Change Addition
TITLE .		☐ DELETE	6.1 T(7LE		CT cusude FT Monitor
NAME			6.2 NAM		
STREET ADDRESS			6.3 STRE	ET ADDRESS	
CITY-ST-ZIP			6.4 CITY		d - Cratica 140 07/9/6) Florida Statutes further and further that the information

4. 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 altachment with an addynss.

SIGNATURE: LA TUCIA

2-20-

904-880-4973