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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062043 (9)

DOUBLE DIAMOND K RANCH, INC.

FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1025-5 N. MAIN STREET P.O. BOX 1560 HIGH SPRINGS FL 32643 HIGH SPRINGS FL 32655 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/17/1997 2. Principal Place of Business 2a. Mailing Addres Applied For GA VETA 21 26 450 AM Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 X Yes 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 PENDLAND, JAMES L JR 1025-5 N. MAIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) HIGH SPRINGS FL 32643 83 84 City 11. Pursuant to the provisions of Soctions 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CR2E034 (10/97 DELETE Change Addition TITLE 1.1 TITLE 458 Arrowhead a NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS ONY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE SENN, KAREN L NAME 22 NAME STREET ADDRESS 400 CHELL RING ROAD 2.3 STREET ADDRESS HILTON HEAD ISLAND SO 29928 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change 4.1 TITLE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE 6.1 TITLE ■ Addition TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-SY-ZIP

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 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 attechment with an address.

SIGNATURE:

leases to form

4-3-98

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