ANNUAL REPORT

1999

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9800007744

1. Corporation Name J-V RANCH, INC. Mailing Address Principal Place of Business 6105 S.W. GATOR TRAIL 6105 S.W. GATOR TRAIL PALM CITY FL 34990 PALM CITY FL 34990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/26/1998 2a. Mailing Address FEI Number Applied For 2. Principal Place of Business Not Applicable 21 28 \$8.75 Additional Suite, Apl. #, elc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intengible □ No Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ROSADO, FELIX Street Address (P.O. Box Number is Not Acceptable) 6105 S.W. GATOR TRAIL PALM CITY FL 34990 83 85 Zip Code City 84 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 ure, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE CR2E034 ROSADO, FELIX 12 NAME NAME 6105 S.W. GATOR TRAIL 1.3 STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 1.4 CITY-ST-23P CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TILE ROSADO, VICKI 2.2 NAME NAME STREET ADDRESS 6105 S.W. GATOR TRAIL 2.3 STREET ADDRESS PALM CITY FL 34990 2.4 CITY-ST-ZP CITY-ST-ZIP ☐ Addition ☐ Chance DELETE 3.1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIF 3.4. CITY-ST-ZP Addition Change ☐ DELETE TILE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP OTTY-ST-ZIP Addition Change DELETE 5.1 TITLE TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 3.4 CITY+51-2P CITY-ST-ZP Addition 6.1 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

FILED

Secretary of State

03-23-1999 90026 016 ***150.00

Mar 23, 1999 8:00 am