## FILED DOCUMENT # P99000078091 May 11, 2000 8:00 am Secretary of State 1. Entity Name CIRCLE D RANCH, INC. 04-04-2000 90096 021 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 730549 860 HULL RD 49 ORMOND BEACH FL 32173-0549 ORMOND BEACH FL 32174 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 360 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, RONALD E Street Address (P.O. Box Number is Not Acceptable) 501 ST JOHNS AVE PALATKA FL Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or primed name of registered again and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so, Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Addition . Delete Change | TITLE DURRANCE, THOMAS L NAME STREET ADDRESS STREET ADDRESS 860 HULL RD 49 CITY-ST-7IP CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Change Addition Z Delete TITLE TITLE **DURRANCE, DENNIS W** NAME HAME STREET ADDRESS STREET ADDRESS 397 AIRPORT RD CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 TITLE Change Addition ۷D 1ITLE ☐ Delete NAME WATSON, AARON L NAME STREET ADDRESS STREET ADDRESS 860 HULL RD 49 CITY-ST-ZIP. CITY-ST-ZIP ORMOND BEACH FL 32174 Addition Change Delete TITLE TITLE DURRANCE, LEONARD NAME NAME STREET ADORESS STREET ADDRESS 860 HULL RD 49 CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 5 D ☐ Change **X**Addition TITLE TITLE Delete LEONARD C DURRANCE NAME NAME 860 HULL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BEACH 32174 ORMOND CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP

13. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. *904* 

676-02-00