FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S36502

(0)

DOCUMENT #

3 S FARM & RANCH, INC.

Principal Place of Business

Mailing Address



2. Primoper Pasco of Bourness 2e Moring Adulticis 3c District Speech 1025/1985 102	RT 1 BOX 90 LEE FL 32059			RT 1 80X 90 LEE FL 32059				
2. Protopo Pasco of Busines 2a. Maling Activities							1	
Section Sect	2. Principal Pla	ce of Business	2a. Mailing Ade	fress		4. FEI Number		
Solition Act # of to 20 20 20 20 20 20 20 2	21		26	26		59-3058585	<u> </u>	
28							\$8.75 Additional	
20	City & State		City 8 State	City & State		6. Election Campaign Financing	\$5 00 May Be	
20	23	3		28			1 1	
28	Ζιp	Country	Zφ	ip Country		8. This corporation has liability for		
BRANT,MOORE,MACDONALD & WELLS, P.A.	24	25	29	30				
BRANT_MOORE_MACDONALD & WELLS, P.A.	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
SOLITION STATE S					81 Name			
SOURCE LAURA STREET SUITE 3100 28					92 Okset Addison © O. Bry Number is Net Accordable:			
SACKSONNILE FL 32202					Street Address (* . o Dox Marricer is not Acceptable,			
11. Pursuant to the provisions of Sections 637,0502 and 607 1516, Florida Statutus, this above manifed corporation sutmits this statement for the purpose of changing its registered office or registered agent, or both in the State of this is state of this in State of this in State of this is state of this in State of this in State of this is state of this in State of this in State of this is state of the purpose of changing its registered office familiar with, and about the obligators of Section 607 0505, Florida Statutus, this above manifed corporation is board of directors. Floriday, accept the appointment as registered agent. The familiar with in the State of this is statement for the purpose of changing its registered office familiar with, and dozent the obligators of Section 607 0505, Florida Statutus, this above manifed corporation is board of directors. Floriday, accept the appointment as registered agent. The familiar with in the State of Profession State of the National State of Profession State of the National State of Profession State of					83	11 The same of the		
1. Pursuant to the provisions of Sections 637 0502 and 607 1508, Floridal Statiutes, the above named corporations submits that statement for the puryose of changing its registered office or registered agent, or both, in the State of Florids Statiutes. Strick change was authorized by the corporation's board of directors. However, accept the appointment as registered agent. Florids and accept the obligations of State of Original Statiutes. Strick change was authorized by the corporation's board of directors. However, accept the appointment as registered agent. Florids for the State of Sta		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				4		
or registered agent, or both in the State of Horist Surph 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 (BV OSDA, Principle State). SIGNATURE Syptime faced a problem of Principle State Stat					84 City		85 Zip Code	
12	or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam							
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NAME	· · · · · · · · · · · · · · · · · · ·	· ····				ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12	
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CITY - ST - ZIP	1			1				
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		certify that the information sur-	ingest with this filed is voting			ify for the executation stated in Section 119	07(3)(k) Florida Statutes further	

certify that the information indicated on this armust report or supplicational armust 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 trusted empowered to execute this report as required by Chapter 607, Floridu Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: LILL LINE ELLISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Betty A. Ellison

Date Daytime Phone #