

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S52064

(0)

1. Corporation Name

MELALEUCA RANCH, INC.

Principal Place of Business

**817 BEACHLAND BLVD
VERO BEACH FL 32963**

Mailing Address

**817 BEACHLAND BLVD
VERO BEACH FL 32963**

**APPROVED
AND
FILED**

95 MAY -1 AM 8:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**100001493051
-05/18/95--01025--008
****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/10/1991

3a. Date of Last Report

03/18/1994

4. FEI Number

65-0263084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GARRIS, CHARLES E.
817 BEACHLAND BLVD
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DPS
JENKINS, BARBARA H
1507 W CAMINO DEL RIO
VERO BEACH FL 32963**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
CLARK, MARGUERITE J.
MT. SHARON FARM, 10104 6102 East Mockingbird
ORANGE TX 76222 Dallas, Texas 75274**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
JENKINS, LORA H.
RT. 732 WILLOW RUN
ORLEAN, Virginia 22129**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5/1/95 Mkt

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE:

Barbara H. Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95 407-231-4043

Chair

Secretary/Treasurer

2

AFFIDAVIT

RE: Melaleuca Ranch, Inc.
Ref. Number: S52064

STATE OF FLORIDA)
) ss
COUNTY OF INDIAN RIVER)

BEFORE ME, the undersigned authority, personally appeared Charles E. Garris, who, after being first duly cautioned and sworn according to law deposes and says:

I, CHARLES E. GARRIS, an attorney, practicing at 817 Beachland Boulevard, Vero Beach, Florida 32963, hereby certify that I have known Barbara H. Jenkins since 1977, and during the period of time from 1977 until the present, have been employed by Barbara H. Jenkins to perform services, including but not limited to preparation of her corporate annual reports for Melaleuca Ranch, Inc.

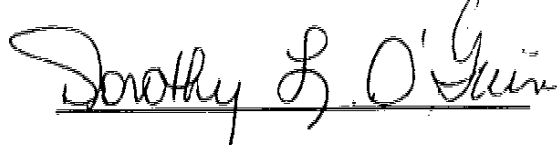
I hereby certify that to the best of my knowledge and belief, the signature in Block 14 of the corporate annual report and the signature on Barbara H. Jenkins's check made payable to the Florida Department of State is the true and correct signature of Barbara H. Jenkins.

Dated this 11 day of May, 1995.


Charles E. Garris

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

Sworn to and subscribed before me this 11 day of May, 1995.





DOROTHY L. O'GUIN
MY COMMISSION # 00303082 EXPIRES
January 3, 1998
BONDED THRU TROY FARM INSURANCE, INC.

(Print, type, or stamp commissioned
name of notary public)

Personally known X or produced identification _____

Type of identification produced _____