FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

(1)

CORPORATION ANNUAL REPORT 1995

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

95 MAY -1 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S52064 (0)

1. Corporation Name

MELALEUCA RANCH, INC.

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

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
817 BEACHLAND BLVD VERO BEACH FL 32963	817 BEACHLAND BLVD VERO BEACH FL 32963

3. Date Incorporated or Qualified: 05/10/1991

3a. Date of Last Report: 03/18/1994

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	JENKINS, BARBARA H	12 NAME	
STREET ADDRESS	1507 W CAMINO DEL RIO	13 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CLARK, MARGUERITE J.	22 NAME	
STREET ADDRESS	~~MT. CHARON FARM, 10104~~ 6102 East Mockingbird	23 STREET ADDRESS	
CITY-ST-ZIP	~~ORANGE VA~~ #620 Dallas, Texas 75214	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JENKINS, LORA H.	32 NAME	
STREET ADDRESS	RT. 732 WILLOW RUN	33 STREET ADDRESS	
CITY-ST-ZIP	ORLEAN, Virginia 22128	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS	5/1/95 MT	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 attachment with an address.

SIGNATURE: Barbara H. Jenkins 4/20/95 407-231-4043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Barbara H. Jenkins

0078161 CP

(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'Quin

DOROTHY L. O'QUIN
MY COMMISSION # CC359382 EXPIRES
January 9, 1998
BONDED THRU TROY FAIN INSURANCE, INC.

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

Personally known X or produced identification _____
Type of identification produced _____