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

DOCUM 1. Corporation N	ENT # \$5206	64 (U)							
MELALEUCA RANCH, INC.									
Principal Place of Business Mailing Address								 	1011 BIBII BIBII 1031
B17 BEACHLAND BLVD VERO BEACH FL 32963 B17 BEACHLAND BLVD VERO BEACH FL 32963 B17 BEACHLAND BLVD VERO BEACH FL 32963									
TENO DENO	* 12 v 2 vv					3. Date Incorporated or Qualified 05/10/1991	3a . Da	te of Last f 05/01/	
2. Principal Place	o of Business	2a. Mailing Address				4. FEI Number	<u></u>		Applied For
2. Principal Flaci 21	6 Ot Edgingss	26				65-0263084			Not Applicable
Suite, Apt. #,	elc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		~	5 Additional Required
22		27			6. Election Campaign Financing			00 May Be	
City & State		City & State				Trust Fund Contribution			ed to Fees
23 Zip	Country	Zip	Cour	ntry		8. This corporation has liability for	intangible	tax under	s 199.032,
24	25	29	30				[]No		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	legistere	d Agent	
				81	Name				
GARRIS, CHARLES E.			ţ	82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
	ACHLAND BLVD	*	83						
VERO E	BEACH FL 32963								
				84	City		F	L 85	Zip Code
or registere familiar with	d agent, or both, in the State of Florid , and accept the obligations of, Sect signature, typed or printed name of registered agent	ion 607,0505, Florida Statutes	i.	ж. р.		ration submits this statement for the pured of directors. I hereby accept the applications are stated as a second the second when reinstating.	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	DPS	☐ DELETE	1.1 T					☐ Chang	e [] Addition
NAME	JENKINS, BARBARA H			1.2 NAME					
STREET ADDRESS	1507 W CAMINO DEL RIO			1.3 STREET ADDRESS					
CITY - ST - ZIP	VERO BEACH FL 32963	DELETE		1.4 CITY-ST-ZIP 2 1 TITLE				[] Chang	e 🔲 Addition
TITLE	D Clark, Marguerite J.			2.2 NAME					i
NAME CONCET ADDRESS	6102 EAST MOCKINGBIRD	#622			ADDRESS				
STREET ADDRESS CITY-ST-ZIP	DALLAS TX 75214		•	HTY-S					
TITLE	D	☐ DELETE	3 1 1	3 1 TITLE				☐ Chang	je 🗀 Addition
NAME	JENKINS, LORA H.		3.2 N	AME					
STREET ADDRESS	RT. 732 WILLOW RUN				T ADDRESS				
CITY - S1 - ZIP	ORLEAN VI 22128			3.4 CITY-ST-ZIP 4. 1 TITLE				☐ Char	je 🔲 Addition
TITLE		☐ DELETÉ							_
NAMÉ			1	IAME STORET	I ADDRESS				. '
STREET ADDRESS					1				
CITY-ST-ZIP	DELETE			4.4 CITY - ST - ZIP 5 1 TITLE				☐ Char	ge 🔲 Addition
TITLE NAME		<u></u>		NAME					
STREET ADDRESS			5.3 \$	STREET	T ADDRESS				
City-ST-ZiP			5.4 (CITY - S	ST-ZIP				no 🗖 Addition
TITLE		DELETE	6 1	TITLE				Chan	ge Addition
NAME				NAME					
STREET ADDRESS					1 ADDRESS				
CUTV_ST_7IP			6.4	CITY -	ST - ZIP				- Later Lateral

CHY-SI-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)(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 3 if changed, or on a attactment with an address.

SIGNATURE:

SIGNATURE AND TYPEO ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR