

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

97 JUL -9 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S85553**
1. Corporation Name
J & E RANCH, INC.

Principal Place of Business
**200 N. ORANGE AVE
FORT MEADE, FLA.
33841**

2. Principal Place of Business	2a. Mailing Address
21 200 N. ORANGE AVE	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 FT. MEADE, FL.	28 City & State
24 33841	29 Zip
25 USA	30 Country

3. Date Incorporated or Qualified 10/9/91	3a. Date of Last Report
4. FEI Number 59-3127097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CYNTHIA M. MCKINNISH
200 N. ORANGE AVE.
FT. MEADE, FLA. 33841**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT
NAME	JAMES R. MCKINNISH
STREET ADDRESS	200 N. ORANGE AVE.
CITY-ST-ZIP	FT. MEADE, FLA. 33841

TITLE	V. PRES.
NAME	EUGENE COLLIER
STREET ADDRESS	713 N.E. 3RD ST
CITY-ST-ZIP	FT. MEADE, FL 33841

TITLE	SECRET.
NAME	CYNTHIA M. MCKINNISH
STREET ADDRESS	200 N. ORANGE AVE.
CITY-ST-ZIP	FT. MEADE, FL 33841

TITLE	Treas.
NAME	BETTY COLLIER
STREET ADDRESS	713 N.E. 3RD ST.
CITY-ST-ZIP	FT. MEADE, FL 33841

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	900002237693-1
1.4 CITY-ST-ZIP	-07/14/97--01169--006
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	****165.00 ****165.00
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:

JAMES R. MCKINNISH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/97

Date

94-285-8123

Daytime Phone #

CR2E034 (9/96)