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

APPROVED AND FILED
95 MAY -1 PM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V03005 (8)

1. Corporation Name
SARAN RANCH, INC.

Principal Place of Business	Mailing Address
307 SOUTH BOULEVARD STE. #B TAMPA FL 33606-2150 US	307 SOUTH BOULEVARD STE. #B TAMPA FL 33606-2150 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1991
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business	2a. Mailing Address
21 719 W. PINEDALE DR	26 719 W. PINEDALE DR
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 PLANT CITY, FL.	28 PLANT CITY, FL
24 Zip 33566 25 Country US	29 Zip 33566 30 Country US

4. FEI Number: NOT APPLICABLE — ☐ 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	10. Name and Address of New Registered Agent
TRINKLE, ROBERT S. 121 NORTH COLLINS STREET PLANT CITY FL 33566	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	PD	11 TITLE	☑ Change ☐ Addition
NAME	HAMMER, JOHN M.	12 NAME	
STREET ADDRESS	~~307 SOUTH BOULEVARD #B~~ 719 W. Pinedale Dr	13 STREET ADDRESS	719 West Pinedale Drive
CITY ST ZIP	~~TAMPA FL 33606-2150~~ Plant City, FL 33566	14 CITY ST ZIP	Plant City, FL 33566-6811
TITLE	TD	21 TITLE	☑ Change ☐ Addition
NAME	HAMMER, SARA S.	22 NAME	
STREET ADDRESS	~~307 SOUTH BOULEVARD #B~~ 719 W. Pinedale Dr	23 STREET ADDRESS	719 West Pinedale Drive
CITY ST ZIP	TAMPA FL 33606-2150 Plant City, FL 33566	24 CITY ST ZIP	Plant City, FL 33566-6811
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	TRINKLE, ROBERT S.	32 NAME	
STREET ADDRESS	711 PINEDALE DR.	33 STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL 33566	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	HAMMER, JOHN M., JR.	42 NAME	
STREET ADDRESS	1002 S. HARBOUR ISLAND #1605	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TRINKLE, SARA ANN	52 NAME	
STREET ADDRESS	711 PINEDALE DR.	53 STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL 33566	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HERMIDA, REMY	62 NAME	
STREET ADDRESS	1707 W. REYNOLDS ST.	63 STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL 33567	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: _____ 4-26-95 813-759-7445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0291710 CP