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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V03005 (8)

1. Corporation Name  
SARAN RANCH, INC.

Principal Place of Business

Mailing Address

719 W. PINEDALE DR.  
STE. #8  
PLANT CITY FL 33566  
US

719 W. PINEDALE DR.  
STE. #8  
PLANT CITY FL 33566-6811  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/30/1991	04/24/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Country	NOT APPLICABLE	Not Applicable
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HAMMER, JOHN M.	1.2 NAME	
STREET ADDRESS	719 WEST PINEDALE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	HAMMER, SARA S.	2.2 NAME	
STREET ADDRESS	719 WEST PINEDALE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	TRINKLE, ROBERT S.	3.2 NAME	
STREET ADDRESS	711 PINEDALE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	PD
NAME	HAMMER, JOHN M., JR.	4.2 NAME	Hammer, John M., Jr.
STREET ADDRESS	1002 S. HARBOUR ISLAND #1605	4.3 STREET ADDRESS	1002 S. Harbour Island Blvd., Unit 1605
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	D	5.1 TITLE	VD
NAME	TRINKLE, SARA ANN	5.2 NAME	Trinkle, Sara Ann
STREET ADDRESS	711 PINEDALE DR.	5.3 STREET ADDRESS	711 Pinedale Drive
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	D	6.1 TITLE	
NAME	HERMIDA, REMY	6.2 NAME	
STREET ADDRESS	1707 W. REYNOLDS ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied on 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, 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:

John M. Hammer, Jr. April 16, 1997

813-759-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)