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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90124 032 ***300.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V34688

1. Corporation Name

DESERET RANCHES OF FLORIDA, INC.

Principal Place of Business

**13754 DESERET LANE
ST CLOUD FL 34773**

Mailing Address

**13754 DESERET LANE
ST CLOUD FL 34773**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1992

4. FEI Number

65-0370859

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**JAMES B PAYNE
13754 DESERET LANE
13754 DESERET LANE
ST CLOUD FL 34773**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **GENHO, PAUL C**
STREET ADDRESS **13754 DESERET LANE**
CITY-ST-ZIP **ST CLOUD FL 34773**

TITLE **ST** ☐ DELETE

NAME **RUECKERT, THOMAS G**
STREET ADDRESS **139 E SOUTH TEMPLE**
CITY-ST-ZIP **ST CLOUD FL**

TITLE **AS...** ☐ DELETE

NAME **COOK, KENT L**
STREET ADDRESS **13754 DESERT LANE**
CITY-ST-ZIP **ST CLOUD FL**

TITLE **D** ☐ DELETE

NAME **CREET, JOHN W**
STREET ADDRESS **139 EAST SOUTH TEMPLE**
CITY-ST-ZIP **SALT LAKE CITY UT**

TITLE **D** ☐ DELETE

NAME **LAMOREAUX, ROBERT**
STREET ADDRESS **139 E. SOUTH TEMPLE STE. 110**
CITY-ST-ZIP **SALT LAKE CITY UT 84111**

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Kent L. Cook (Kent L. Cook) Reg. Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (407) 892-3672
Date Daytime Phone #

CR2E034 (11/98)