SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:13

DOCUMENT # **V55088** **(1)**

1. Corporation Name
LOS RANCHEROS OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
7250 PLANTATION RD. **PENSACOLA FL 32504**	**7250 PLANTATION RD.** **PENSACOLA FL 32504**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/28/1992**	3a. Date of Last Report: **02/08/1994**
4. FEI Number: **59-3135870**	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 solely for exemption for under s. 199.032 Florida Statutes: ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHAVEZ, FERNANDO **7250 PLANTATION RD.** **PENSACOLA FL 32504**	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 Section 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:

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS (Y/N)
D **CHAVEZ, FERNANDO** **7250 PLANATION RD.** **PENSACOLA FL**	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: Hector Olivas HECTOR OLIVAS 6-26-95 (904) 476-1623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (3/95)

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