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 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V64949** **(3)**

1. Corporation Name

NORTH FORK RANCH, INC.

Principal Place of Business
4375 LAZY ACRES RD
MIDDLEBURG FL 32068

Mailing Address
4375 LAZY ACRES RD
MIDDLEBURG FL 32068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/18/1992**
3a. Date of Last Report: **03/07/1994**

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

4. FEI Number: **59-3163713** — 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MINGLEDORFF ED
4375 LAZY ACRES ROAD
MIDDLEBURG FL 32608

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 607.0507 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 of Registered Agent or Officer of Registered Agent Corporation) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LYERLY, JEAN B	12 NAME	
STREET ADDRESS	4314 MCGIRTS BLVD	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	MINGLEDORFF, ELIZABETH T	22 NAME	
STREET ADDRESS	4375 LAZY ACRES RD	23 STREET ADDRESS	
CITY ST ZIP	MIDDLEBURG FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	TOWERS, WILLIAM B	32 NAME	
STREET ADDRESS	1622 AVONDALE AVE	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	TOWERS, JOHN B	42 NAME	
STREET ADDRESS	1534 AVONDALE AVE	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MORRISSEY, AGNES T	52 NAME	
STREET ADDRESS	201 LIGHTHOUSE CIR	53 STREET ADDRESS	
CITY ST ZIP	FERNANDINA BEACH FL	54 CITY ST ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	MINGLEDORFF, THOMAS E	62 NAME	
STREET ADDRESS	4375 LAZY ACRES RD	63 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	64 CITY ST ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and true and correct to the extent required by the corporation Statutes as of the date of filing. I further certify that the information contained on the 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 manager or managing member of a limited liability company, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE: Elizabeth T. Mingledorff — 4/30/95 — 904 288 0194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth T. Mingledorff

0004720 CP