

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
09/18/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3163713

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MINGLEDOORFF ED
4375 LAZY ACRES ROAD
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

81

Name

Elizabeth Towers Mingledorff

82

Street Address (P.O. Box Number is Not Acceptable)

4375 Lazy Acres Road

83

84

City

Middleburg

FL

85

Zip Code

32068

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

Elizabeth Towers Mingledorff

Elizabeth Towers Mingledorff

DATE 3/12/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYERLY, JEAN B	
STREET ADDRESS	4314 MCGIRTS BLVD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MINGLEDORFF, ELIZABETH T	
STREET ADDRESS	4375 LAZY ACRES RD	
CITY - ST - ZIP	MIDDLEBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOWERS, WILLIAM B	
STREET ADDRESS	1622 AVONDALE AVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOWERS, JOHN B	
STREET ADDRESS	1534 AVONDALE AVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRISSEY, AGNES T	
STREET ADDRESS	201 LIGHTHOUSE CIR	
CITY - ST - ZIP	FERNANDINA BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MINGLEDORFF, THOMAS E	
STREET ADDRESS	4375 LAZY ACRES RD	
CITY - ST - ZIP	JACKSONVILLE FL	

13.

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MINGLEDORFF, ELIZABETH Towers	
2.3 STREET ADDRESS	4375 Lazy Acres Rd	
2.4 CITY - ST - ZIP	Middleburg, FL 32068	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Towers, William B	
3.3 STREET ADDRESS	8351 Westport Rd	
3.4 CITY - ST - ZIP	Jacksonville, FL 32244	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Towers, John B	
4.3 STREET ADDRESS	8351 Westport Rd	
4.4 CITY - ST - ZIP	Jacksonville, FL 32244	
5.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MORRISSEY, AGNES TOWERS	
5.3 STREET ADDRESS	2118 Thrasher Lane	
5.4 CITY - ST - ZIP	Fernandina Beach, FL 32034	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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:

Elizabeth Towers Mingledorff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

904/882-0194

Daytime Phone #

CR2E034 (12/95)