

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **286098** (9)  
1. Corporation Name  
**RANCH AND GROVE HOLDING CORP**

Principal Place of Business      Mailing Address  
**1375 BUENA VISTA DR  
4 FLR N  
LAKE BUENA VISTA FL 32830  
US**      **500 S BUENA VISTA ST  
BURBANK CA 91521  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/14/1964	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		95-2408062	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
7in	Country	7in	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**IOPPOLO, FRANK S.  
1375 BUENA VISTA DR  
4 FLR N  
LAKE BUENA VISTA FL 32830**

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, FARRIS E.	1.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE BUENA VISTA FL	1.4 CITY - ST - ZIP	
TITLE	EVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JUDSON C.	2.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>XJACKSON, JAMES W.</del>	3.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR	3.3 STREET ADDRESS	Ioppolo, Frank S.
CITY - ST - ZIP	LAKE BUENA VISTA FL	3.4 CITY - ST - ZIP	
TITLE	ASD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L.	4.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	4.4 CITY - ST - ZIP	
TITLE	XBX	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SNAFORD M.	5.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	5.3 STREET ADDRESS	Litvack, Sanford M.
CITY - ST - ZIP	BURBANK CA	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or by an attachment with an address.

SIGNATURE: *Marsha L. Reed*      4/19/95      (818) 560-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #

**Marsha L. Reed**