

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H31497 (1)**

1. Corporation Name  
**EARL PARTIN CANOE CREEK RANCH, INC.**



Principal Place of Business: 2010 KISSIMEE PARK ROAD ST. CLOUD FL 34769-6901  
Mailing Address: 2010 KISSIMEE PARK ROAD ST. CLOUD FL 34769-6901

3. Date Incorporated or Qualified: 11/27/1984  
3a. Date of Last Report: 08/14/1995  
4. FEI Number: 59-2501623  
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 s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: SAME AS MAILING ADDRESS  
21. ST. CLOUD, FLA.  
22. Suite, Apt. #, etc.  
23. ST. CLOUD, FLA.  
24. Zip: 34769  
25. Country: USA  
26. 2010 KISSIMEE PARK ROAD  
27.  
28.  
29. Zip: 34769  
30. Country: USA

9. Name and Address of Current Registered Agent: PARTIN, EARL, 2010 KISSIMEE PARK RD., ST. CLOUD FL 34769  
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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PARTIN, EARL		1.2 NAME:	
STREET ADDRESS: 2010 KISSIMEE PARK RD.		1.3 STREET ADDRESS:	
CITY-ST-ZIP: ST. CLOUD FL 34769		1.4 CITY-ST-ZIP:	
TITLE: VP	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PARTIN, DAVID EARL		2.2 NAME:	
STREET ADDRESS: 5601 N. CANOE CREEK RD.		2.3 STREET ADDRESS:	
CITY-ST-ZIP: KENANSVILLE FL		2.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	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 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: *Earl Partin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: EARL PARTIN  
4-26-96  
407-892-3716  
Daytime Phone #

CR2E034 (12/95)