


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H31497 (1)**  
 1. Corporation Name  
**EARL PARTIN CANOE CREEK RANCH, INC.**



Principal Place of Business <b>2010 KISSIMMEE PARK ROAD ST. CLOUD FL 34769-8901</b>	Mailing Address <b>2010 KISSIMMEE PARK ROAD ST. CLOUD FL 34769-8901</b>
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3. Date Incorporated or Qualified <b>11/27/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2501623</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. 2010 Kissimmee Park Rd. Suite, Apt. #, etc.	26. 2010 Kissimmee Pk. Rd. Suite, Apt. #, etc.
22. City & State <b>St. Cloud, Florida</b>	27. City & State <b>St. Cloud, Fl</b>
23. Zip <b>34769</b>	Country <b>U.S.</b>
24. 34769	25. U.S.
29. 34769	30. U.S.

9. Name and Address of Current Registered Agent <b>PARTIN, EARL 2010 KISSIMMEE PARK RD. ST. CLOUD FL 34769</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PARTIN, EARL</b>		1.2 NAME	
STREET ADDRESS <b>2010 KISSIMMEE PARK RD.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>ST. CLOUD FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PARTIN, DAVID EARL</b>		2.2 NAME	
STREET ADDRESS <b>5601 N. CANOE CREEK RD.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>KENANSVILLE FL</b>		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	

**600002170226**  
 -05/07/97--0115--058  
 \*\*\*165.00

**500002170225**  
 -05/07/97--0115--057  
 \*\*\*8.75

*Handwritten signature and date: 5/5/97*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption 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 if changed, or on an attachment with an address.

**SIGNATURE:** *Earl Partin* **SIGNATURE REQUIRED** *4/21/97* **407-892-3716**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)