

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 # **P95000088607 (3)**

1. Corporation Name

TALL PINES RANCH & RESORT, INC.



Principal Place of Business

**306 NORTH MAIN STREET #A
HASTINGS FL 32145**

Mailing Address

**POST OFFICE BOX 182
HASTINGS FL 32145-0182**

3. Date Incorporated or Qualified
11/15/1995

3a. Date of Last Report

2. Principal Place of Business

21 **6770 SR 207**

2a. Mailing Address

26 **SAME**

4. FEI Number
59-3363007

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

22 City & State

23 **ELKTON, FL**

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24 Zip

32033

25 Country

ST. JOHN'S

29 Zip

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SCOTT, HOLLY E
306 NORTH MAIN STREET #A
HASTINGS FL 32145**

10. Name and Address of New Registered Agent

81 Name **Joseph VIRGA**
82 Street Address (P.O. Box Number is Not Acceptable)
6770 S.R. 207
83
84 City **ELKTON** FL 85 Zip Code **32033**

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

Joseph Virga President

(NOTE - Registered Agent signature required when reinstating)

DATE **4/16/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, HOLLY E	
STREET ADDRESS	POST OFFICE BOX 182	
CITY-ST-ZIP	HASTINGS FL 32145-0182	
TITLE	D.P.	<input type="checkbox"/> DELETE
NAME	VIRGA Joseph	
STREET ADDRESS	6770 SR 207	
CITY-ST-ZIP	ELKTON, FL 32033	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	Kerekes Cheryl	
STREET ADDRESS	622 Town Colony Dr	
CITY-ST-ZIP	MIDDLE TOWN, CT 06457	
TITLE	D.S.	<input type="checkbox"/> DELETE
NAME	MILMAN Marjorie	
STREET ADDRESS	45A COUNTRY DR EAST	
CITY-ST-ZIP	STATON, ISLAND, N.Y. 10314	
TITLE	D T	<input type="checkbox"/> DELETE
NAME	VIRGA VIVIAN	
STREET ADDRESS	6770 SR 207	
CITY-ST-ZIP	ELKTON, FL 32033	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 in an attachment with an address.

SIGNATURE: *Joseph Virga President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/16/96** 904
DAYTIME PHONE # **692 3702**

CR2E034 (12/95)