

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

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 473602 (1)

1. Corporation Name
HUTSON LAND & CATTLE COMPANY

Principal Place of Business 11217 SAN JOSE BLVD. JACKSONVILLE FL 32223 US	Mailing Address 11217 SAN JOSE BLVD JACKSONVILLE FL 32223-7230 US
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2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	29 Zip
25 Country	30 Country

3 Date Incorporated or Qualified 04/04/1975	3a Date of Last Report 05/01/1996
4 FEI Number 59-1587268	Applied For Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ARNOLD, CHARLES W. JR.
1301 GULF LIFE DRIVE
SUITE 2440
JACKSONVILLE FL 32207**

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
Signature, typed or printed name of registered agent and filed applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	KEHOE, SHERRY J
STREET ADDRESS	11217 SAN JOSE BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	HINSON, DONALD P.
STREET ADDRESS	11217 SAN JOSE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	HUTSON, DAVID W
STREET ADDRESS	11217 SAN JOSE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	GRINER, WILLIAM PAUL
STREET ADDRESS	3060 S.R. 206 WEST
CITY-ST-ZIP	ELKTON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elinore C. Cox
1.3 STREET ADDRESS	11217 San Jose Blvd.
1.4 CITY-ST-ZIP	Jacksonville, Florida 32223
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	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kenneth L. Johns, Jr.
5.3 STREET ADDRESS	11217 San Jose Blvd.
5.4 CITY-ST-ZIP	Jacksonville, Florida 32223
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 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, changed, or on an attachment with an address.

SIGNATURE: *Elinore C. Cox* **Elinore C. Cox** **4/28/97** **(904) 262-7718**

CR2E034 (9/96)