

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N03300** (3)  
1. Corporation Name  
**SARASOTA COUNTY CATTLEMEN'S ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1010 CATTLEMAN RD SARASOTA FL 34232 US	1010 CATTLEMEN RD SARASOTA FL 34232 US

3. Date Incorporated or Qualified <b>05/25/1984</b>	3a. Date of Last Report <b>04/28/1994</b>
4. FEI Number <b>59-2665419</b>	Applied For Not Applicable
5. Certificate of Status Desired <input 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.0032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**BISPAN, CY J**  
1010 CATTLEMAN RD  
SARASOTA FL 34232

10. Name and Address of Now Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 607.0605, Florida Statutes.

SIGNATURE: *Cyrus G. Bispham Jr.* (Tras)  
Cyrus G. Bispham Jr. 4/21/95  
Signature (add) or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KELLY, DIOR
STREET ADDRESS	4536 LINWOOD ST
CITY - ST - ZIP	SARASOTA FL
TITLE	SD
NAME	HANEY, DON
STREET ADDRESS	8479 COASH RD
CITY - ST - ZIP	SARASOTA FL
TITLE	VD
NAME	PADGETT, JOE
STREET ADDRESS	RT 2 BOX 708
CITY - ST - ZIP	ARCADIA FL
TITLE	TD
NAME	BISPAM, CYRUS, JR.
STREET ADDRESS	7900 IBIS AVE.
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Padgett, Joe	
1.3 STREET ADDRESS	RT 2 Box 708	
1.4 CITY - ST - ZIP	ARCADIA, FL 33868	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DeWaney, Robin	
3.3 STREET ADDRESS	611 Bristol Lane	
3.4 CITY - ST - ZIP	Apkeville, FL 34275	
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 110.07(3)(a), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cyrus G. Bispham Jr.* (Tras)  
Cyrus G. Bispham Jr. 4/21/95 813-371-6591  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #