


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N96000005009 (3)

1. Corporation Name
WEST FLORIDA LIVESTOCK ASSOCIATION INC.



Principal Place of Business 2140 W. JEFFERSON STREET QUINCY FL 32351	Mailing Address 2140 W. JEFFERSON STREET QUINCY FL 32351
--	--

3. Date Incorporated or Qualified 09/27/1996
--

4. FEI Number 59-3408389	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
MAXWELL, ROBERT H 2140 W. JEFFERSON STREET QUINCY FL 32351	

10. Name and Address of New Registered Agent			
81 Name	Henry G. Grant		
82 Street Address (P.O. Box Number is Not Acceptable)	2140 W Jefferson St.		
83	Quincy, FL 32351		
84 City	Quincy	85 State	FL
		86 Zip Code	32351

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Henry G. Grant* **Henry G. Grant** 2/12/98
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P VANLANDINGHAM, BILLY	1.2 NAME	
STREET ADDRESS	RT 4 BOX 135	1.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GRANT, HENRY	2.2 NAME	
STREET ADDRESS	2140 W. JEFFERSON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T MAXWELL, ROBERT H	3.2 NAME	T Al Poucher
STREET ADDRESS	P.O BOX 1648 N/A	3.3 STREET ADDRESS	1720 Telogia Creek Rd
CITY-ST-ZIP	QUINCY FL	3.4 CITY-ST-ZIP	Quincy, FL 32351
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SUBER, STEWART	4.2 NAME	
STREET ADDRESS	P.O BOX 349 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HEITMEYER, LAWRENCE	5.2 NAME	
STREET ADDRESS	915 PAUL RUSSELL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LEWIS, LYNN	6.2 NAME	
STREET ADDRESS	RT 3 BOX 10 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry G. Grant* **Henry G. Grant** 2/12/98 (850) 875-7255

CR2E037 (10/97)