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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
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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

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAXWELL, ROBERT H
2140 W. JEFFERSON STREET
QUINCY FL 32351**

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

FL

85 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

[Signature]

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 ☐ DELETE
NAME **P**
STREET ADDRESS **VANLANDINGHAM, BILLY**
CITY-ST-ZIP **RT 4 BOX 135
QUINCY FL 32351**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **GRANT, HENRY**
CITY-ST-ZIP **2140 W. JEFFERSON ST.
QUINCY FL 32351**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **MAXWELL, ROBERT H**
CITY-ST-ZIP **P.O BOX 1648 N/A
QUINCY FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **T**
3.3 STREET ADDRESS **Al Poucher**
3.4 CITY-ST-ZIP **1720 Telogia Creek Rd
Quincy, FL 32351**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SUBER, STEWART**
CITY-ST-ZIP **P.O BOX 349 N/A
QUINCY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HEITMEYER, LAWRENCE**
CITY-ST-ZIP **915 PAUL RUSSELL ROAD
TALLAHASSEE FL 32301**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LEWIS, LYNN**
CITY-ST-ZIP **RT 3 BOX 10 N/A
QUINCY FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

[Signature] **Henry G. Grant**

2/12/98

(850) 875-7255

CR2E037 (10/97)