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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 194380 (2)
1. Corporation Name
FLORIDA LIVESTOCK AND AGRICULTURAL SUPPLY COMPANY



Principal Place of Business
903 HELENA DRIVE
P O BOX 1082
BRANDON FL 33511

Mailing Address
903 HELENA DRIVE
P O BOX 1082
BRANDON FL 33511-6508

3. Date Incorporated or Qualified 07/05/1956
3a. Date of Last Report 01/24/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number 59-6060705
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent
STACK, G T
903 HELENA DR
BRANDON, FL
33511

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. Stack, Michael G. TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	c/o Century 21
NAME	STACK, MICHAEL R.	1.2 NAME	Elite Locations, Inc.
STREET ADDRESS	4438 RANCHWOOD LANE	1.3 STREET ADDRESS	11005 N. Dale Mabry
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL. 33618
TITLE	TSM	2.1 TITLE	
NAME	STACK, G.T.	2.2 NAME	
STREET ADDRESS	903 HELENA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	STACK, T C	3.2 NAME	
STREET ADDRESS	903 HELENA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *Stack* 1-14-97 813-689-3285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)