

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 276556 (8)

1. Corporation Name

CIRCLE EIGHT ANGUS RANCH, INC.



Principal Place of Business

202 WEST POWHATTAN
TAMPA FL 33604

Mailing Address

202 WEST POWHATTAN
TAMPA FL 33604

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

MASON, RONALD W.
202 WEST POWHATTAN STREET
TAMPA, FL
33604

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

(80)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PD
NORRIS, FLOYD M
1212 E HILLSBOROUGH AVE
TAMPA, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VD
HUTCHINSON, CARL E
1402 BERKSHIRE CT
BRANDON, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

ST
MASON, RONALD W
1212 E HILLSBOROUGH AVE
TAMPA, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
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CITY-STATE-ZIP

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-STATE-ZIP

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-STATE-ZIP

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-STATE-ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-STATE-ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 manager 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96

CR2E034 (12/95)