FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997

· **



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # 276556

(8)

CIRCLE EIGHT ANGUS RANCH, INC.

FILED Jun 09 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					100/10/10/10/10/10/10/10/10/10/10/10/10/		
202 WEST PO TAMPA FL 33		202 WEST POWHATTAN TAMPA FL 33604-6939					
					3. Date Incorporated or Qualified 12/16/1963	3a. Date of Las 03/28/199	
	Place of Business	28, Mailing Address			4. FEI Number Applied For		
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							Not Applicable
22] 27						5 Additional Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
28					Trust Fund Contribution	Added to Fees	
Zip	Country	Zip Count		у	8. This corporation has liability for intangible tax under s. 199.032,		r s. 199.032,
24	25 9. Name and Address of Curren	29 Agent	[30]		Florida Statutes X Yes No 10. Name and Address of New Registered Agent		
AIA	SON, RONALD W.	r rohistoren viñair	81	Name	10. Hame and Address of 190W Re	Alerater Whelif	·
	WEST POWHATTAN STREET		-		Jaco (C.O. Dou Mushas is black.	blo)	
TAMPA, FL				82 Street Address (P.O. Box Number is Not Acceptable)			
336			83				
			84	City		85 Z	ip Code
				1	poration submits this statement for the lation's board of directors. I hereby acce	FL	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AND		1E: Registered Ag	gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	ORS IN 12
TITLE	PD OFFICE AS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Chang	
NAME	NORRIS, FLOYD M		1.2 NAME	Ì			
STREET ADDRESS	1212 E HILLSBOROUGH AVE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY-	ST-ZIP			
TITLE	VD	☐ DELETE	2.1 717₺€			Chang	e Addition
NAME	HUTCHINSON, CARL E 1402 BERKSHIRE CT		2.2 NAME				
STREET ADDRESS	BRANDON FL			T ADDRESS			
CITY-ST-ZIP	ST ST	DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP		Chang	e Addition
NAME	MASON, RONALD W	and percet	3.2 NAME			Criding	
STREET ADDRESS	1212 E HILLSBOROUGH AVE			T ADDRESS			
CITY-ST-ZIP	TAMPA, FL 00000		3.4. CITY				
TITLE	*	☐ DELETE	4.1 TITLE			Chang	e Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS	*		
DITY-ST-ZIP		T neietr	4.4 CITY-	ST-ZIP		Chang	e Addition
TITLE NAME		☐ DELETE	5.1 TITLE 5.2 NAME			∟} cuang	ic [] ADORION
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	l l			
TITLE	 	☐ DELETE	6.1 TITLE			☐ Chang	je Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	1 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 3 if changed, or on an attachment with an address.