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FILED

Mar 05 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 # 354266 (9)

1. Corporation Name  
ARIZONA-FLORIDA LAND & CATTLE COMPANY

Principal Place of Business

2300 CLAYTON RD  
STE 1100  
CONCORD CA 94520-2100  
US

Mailing Address

2300 CLAYTON RD  
STE 1100  
CONCORD CA 94520-2149  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

10/23/1969

3a. Date of Last Report

04/20/1996

4. FEI Number

59-1275154

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILKES, MCCLAVE	
STREET ADDRESS	72 CUMMINGS POINT RD	
CITY - ST - ZIP	STAMFORD CT	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CRAIG, R. DEASY	
STREET ADDRESS	72 CUMMINGS POINT ROAD	
CITY - ST - ZIP	STAMFORD CT 06902	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTTON, PETER A.	
STREET ADDRESS	72 CUMMINGS POINT ROAD	
CITY - ST - ZIP	STAMFORD CT 06902	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GROSS, ARTHUR L.	
STREET ADDRESS	2300 CLAYTON RD SUITE 1100	
CITY - ST - ZIP	CONCORD CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GAYDA, MICHAEL D.	
STREET ADDRESS	2300 CLAYTON RD SUITE 1100	
CITY - ST - ZIP	CONCORD CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	THOMAS, RAYFORD S	
STREET ADDRESS	601 UNION STREET, SUITE 2500	
CITY - ST - ZIP	SEATTLE WA 98101	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	06902
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4500 S. 40th Street
4.4 CITY - ST - ZIP	Phoenix, AZ 85040
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1400 Park Avenue
5.4 CITY - ST - ZIP	Linden, NJ 07036
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	4500 S. 40th Street
6.4 CITY - ST - ZIP	Phoenix, AZ 85040

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 to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur L. Gross

Assistant Secretary

2/26/97

602/437-0600

CR2E034 (9/96)