

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **362150** (5)

1. Corporation Name
COLUMBIA LAND & CATTLE COMPANY

Principal Place of Business Mailing Address
**393 N. TEMPLE
STARKE FL 32091
US** **P.O. BOX 517
STARKE FL 32091
US**

FILED
95 JAN 25 PM 2:02
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|--|------------------------|--|---|-------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 <i>Same</i> | | 26 <i>Same</i> | | 04/06/1970 | 01/19/1994 |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 23 City & State | | 28 City & State | | 59-1304715 | Not Applicable |
| 24 Zip | | 29 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 Country | | 30 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|-------------|-------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ODOM, J.D. JR. 393 N. TEMPLE STARKE FL 32091 | | | | B1 Name | <i>Same</i> | | |
| | | | | B2 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | B3 | | | |
| | | | | B4 City | FL | B5 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 title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ODOM JR., J.D. | 1.2 NAME | |
| STREET ADDRESS | 318 NORTH WALNUT STREET | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | STARKE FL | 1.4 CITY - ST - ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ODOM, VERNIE P. | 2.2 NAME | |
| STREET ADDRESS | 318 NORTH WALNUT STREET | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | STARKE FL | 2.4 CITY - ST - ZIP | |
| TITLE | ST | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ODOM, VERNIE P. | 3.2 NAME | |
| STREET ADDRESS | 318 NORTH WALNUT STREET | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | STARKE FL | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE:

Vernie P. Odom
VERNIE P. ODOM
Dictation and typed or printed name of signing officer or director

1/18/95 9049646374
Date Taylor Tracy