

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



PROFIT CORPORATION ANNUAL REPORT

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

1996 5-1-96 B-5747 C

DOCUMENT # 362150 (5)

1. Corporation Name  
**COLUMBIA LAND & CATTLE COMPANY**



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

3. Date Incorporated or Qualified: 04/06/1970  
3a. Date of Last Report: 01/25/1995

2. Principal Place of Business: 21 393 N. Temple Ave. 22 Suite, Apt. #, etc.  
23 City & State: Starke, Florida  
24 Zip: 32091 25 Country: US  
2a. Mailing Address: 26 393 N. Temple Ave. 27 Suite, Apt. #, etc.  
28 City & State: Starke, Florida  
29 Zip: 32091 30 Country: US

4. FEI Number: 59-1304715 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  
ODOM, J.D. JR.  
393 N. TEMPLE  
STARKE FL 32091

10. Name and Address of New Registered Agent  
81 Name: Vernie P. Odom  
82 Street Address (P.O. Box Number is Not Acceptable): 393 N. Temple Ave.  
83  
84 City: Starke FL 85 Zip Code: 32091

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 607.050, Florida Statutes.

SIGNATURE: Vernie P. Odom DATE: 4/30/1996  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ODOM JR., J.D.	
STREET ADDRESS	318 NORTH WALNUT STREET	
CITY-ST-ZIP	STARKE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ODOM, VERNIE P.	
STREET ADDRESS	318 NORTH WALNUT STREET	
CITY-ST-ZIP	STARKE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ODOM, VERNIE P.	
STREET ADDRESS	318 NORTH WALNUT STREET	
CITY-ST-ZIP	STARKE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	DST VERNIE P. Odom
3.3 STREET ADDRESS	393 N. Temple Ave.
3.4 CITY-ST-ZIP	Starke, FL. 32091
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DP John D. Odom III
4.3 STREET ADDRESS	393 N. Temple Ave.
4.4 CITY-ST-ZIP	Starke, FL. 32091
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DV John C. Odom
5.3 STREET ADDRESS	393 N. Temple Ave.
5.4 CITY-ST-ZIP	Starke, FL. 32091
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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 607, 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 DATE: 4/30/96 904964-6374  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)