## 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 # 362150

(5)

Apr 02 1997 8:00am
Secretary of State

EII ED

COLUMBIA LAND & CATTLE COMPANY  Principal Place of Business Mailing Address  399 N TEMPLE AVE STARKE FL 32091 US  US					3. Date Incorporated or Qualified 3a. Date of Last Report		
					04/06/1970	05/01/1996	Topon
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21 26					59-1304715	N	lot Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional leguired
City & State City & State					6. Election Campaign Financing		) May Be
23 28					Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation has liability for		s. 199.032,
24	25 9. Name and Address of Cur	29	[30]			Yes No	
LEO		rent Registered Agent	81 Na	ame	10. Name and Address of New R	egisterea Agent	
	INIE P. ODOM N. TEMPLE AVE		ļ				
	IRKE FL 32091		82 St	reet Addre	ess (P.O. Box Number is Not Accepta	ıble)	
<b>V</b> 17	unit ic ozor		83				
			84 Ci			- 85 Zip	Code
			1 1 -				
11. Pursuant office or r agent. Le	to the provisions of Sections 607.6 registered agent, or both, in the Stam familiar with, and accept the ob-	0502 and 607.1508, Fforida Statuli ate of Florida. Such change was a pligations of, Section 607.0505, Flo	os, the above-nai authorized by the orida Statutes.	med corpo corporation	oration submits this statement for the on's board of directors. I hereby acco	purpose of changing i pt the appointment as	ts registered registered
	Signalure, typed or printed name of registered		Registered Agent sig	nature require		DATE	
12.	OFFICERS.	AND DIRECTORS DELETE	13,		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 12 Addilion
TITLE NAME	ODOM, VERNIE P.	ן ותננונ	1.1 THLF 1.2 NAME		ernie P. Odor	7	L'I Magillou 16
STREET ADDRESS	393 N TEMPLE AVE		1.3 STREET ADDR	بغصا	73 D. Temple	We.	
CITY-ST-ZIP	STARKE FL	•	1.4 CITY-ST-ZIP	·"   Š	Starke Pl. 3	32091/	
TITLE	DP	DELETE	2.1 1IILF	D	7 7 7	Change	Addition
NAME	JOHN D. ODOM III		2.2 NAME	J	Shir D. Odom	To ave.	
STREET ADDRESS	393 N TEMPLE AVE		2.3 STREET ADDR	ess   🏖	83 N. Temp	le ave.	
CITY-ST-ZIP	STARKE FL	TI printe	2. 4 C(1Y - 51 - 2)F	<u> </u>	starke, th. 3	201	
TITLE	DV ODOM	DELETE	3.1 1/116			∐ Change	Addition
NAME Street address	JOHN C. ODOM 393 N TEMPLE AVE		3 2 NAME 3 3 STREET ADDR	ree			
CITY-ST-ZIP	STARKE FL		3.4. CITY-ST-ZIF				
TITLE	Olympia i c	DELF1E	4.1 TITLE			Change	Addition
NAME		<del></del>	4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDR	ESS			ן
CITY-ST-ZIP			4.4 CITY - \$T - ZIP	1			
TITLE		DELFTE	5.1 1/TLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDR	ESS			
CITY-ST-ZIP		The second	5.4 CITY- \$1-7IP				T Address
TITLE		☐ DELETE	61 TITLE	1		∐ Change	☐ Addition
NAME CTOSET ADDOCCO			62 NAME	400			
STREET ADDRESS			6.3 STREET ADDR	£92			
CITY-ST-ZIP	by cartify that the information cure	lied with this filing does not qualit	6.4 C(1Y - S1 - Z(P	oo stated	in Costion 110 07/3Vi) Florida Statut	on I further cortify the	Hbo

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 arrural report is true and accurate and that my signature shall have the same legal effect as if made under oath; that fam an officer or director of the copyrightion or the receiver of Thystice 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 oddress.