

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 362150 (5)
 1. Corporation Name
COLUMBIA LAND & CATTLE COMPANY



Principal Place of Business 393 N TEMPLE AVE STARKE FL 32091 US	Mailing Address 393 TEMPLE AVE STARKE FL 32091 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/1970	
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	25	26
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1304715	
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	25	26
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8.75 Additional Fee Required		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VERNIE P. ODOM 393 N. TEMPLE AVE STARKE FL 32091				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM, VERNIE P.	1.2 NAME	Vernie P. Odom
STREET ADDRESS	393 N TEMPLE AVE	1.3 STREET ADDRESS	393 N. Temple Ave
CITY-ST-ZIP	STARKE FL	1.4 CITY-ST-ZIP	Starke, FL. 32091
TITLE	DPT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN D. ODOM III	2.2 NAME	John D. Odom III
STREET ADDRESS	393 N TEMPLE AVE	2.3 STREET ADDRESS	393 N. Temple Ave
CITY-ST-ZIP	STARKE FL	2.4 CITY-ST-ZIP	Starke, FL. 32091
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN C. ODOM	3.2 NAME	
STREET ADDRESS	393 N TEMPLE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 with an address.

SIGNATURE: *Vernie P. Odom 4/24/98*

CR2E034 (10/97)