## 1. 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** 

DOCUMENT # 374918

(1)

**GEORGIA LAND & CATTLE COMPANY** 

Principal Place of Business  132 BUSHNELL PLAZA BUSHNELL FL 33513		Mailing Address P.O. BOX 248 BUSHNELL FL 33513-0248				
US		US		3. Date Incorporated or Qualific	ed 3a. Date of Last Report	
				12/31/1970	01/29/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-1367690	Not Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		6. Election Campaign Financing	Fee Required	
23		<b>├</b> ──	28		\$5.00 May Be	
Zip	Country	Zip	Country	Trust Fund Contribution  8 This corporation has lightly	for intangible tax under s. 199.032,	
24	25	29	30	Florida Statutes	Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New	Registered Agent	
HAG	BIN, T RICHARD		81 Name			
132 BUSHNELL PLAZA			82 Street	treet Address (P.O. Box Number is Not Acceptable)		
BUS	SHNELL FL 33513				,	
			83			
			84 City		85 Zip Code	
11 Darguart	to the gravisians of Sactions COZ OF	00 and 007 1500 Flacida Ca			FL [10]	
office of ti	edistered agent, or both, in the Stat	e of Florida. Such change w	as authorized by the con	corporation submits this statement for the poration's board of directors. I hereby ac	te purpose of changing its registered cept the appointment as registered	
	m familiar with, and accept the obli	gations of, Section 607.0505	, Florida Statutes.			
SIGNATURE	Signature hypernor removed name of registered ap-	gent and little if applicable	(NOTE: Registered Agent signature	e recuired when reinstating)	DATE	
12.		ND DIRECTORS	13.		FICERS AND DIRECTORS IN 12	
TITLE	PDS	DELETE	1.1 TITLE		Change Addition	
NAME	HAGIN, T RICHARD		1.2 NAME			
STREET ADDRESS	132 BUSHNELL PLAZA		1.3 STREET ADDRESS			
CITY-ST-ZIP	BUSHNELL, FL 00000		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2 1 TITLE		Change Addition	
NAME			22 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	1		
CITY-S1-ZIP			2 4 CITY - ST - ZiP			
TITLE		DELETE	3 1 TITLE		Change Addition	
NAME			32 NAME	·		
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-7IP TITLE		DELETE	3.4. CITY-ST-ZIP			
NAME		C DECEIE	4.1 TITLE		Change Addition	
			4 2 NAME			
STREET AODRESS			4.3 STREET ADDRESS			
CITY-ST-Z:P TITLE		DELETE	4.4 CITY - ST - ZIP 51 TITLE		Change Addition	
NAME		La bettie	52 NAME		Fin creatine Fin Vocation	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
CTOSET ADDRESS						

6.4 CITY - ST - ZIP

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 with an address.

01-30-97 352-793-2714

**FILED** 

Feb 07 1997 8:00am

Secretary of State