2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-12-2004 90331 047 ***150.00

□□□□□□□□ 542758
1. Entity Name
FLORIDA-OKLAHOMA LIVESTOCK, INCORPORATED

66414993

Principal Place of Business	Mailing Address
166 OAK SQUARE, SOUTH LAKELAND, FL 33813-3542	166 OAK SQUARE, SOUTH LAKELAND, FL 33813-3542

DO NOT WRITE IN THIS SPACE

01082004 □□□□□□□ □□□□□□□□□□□□

4. FEI Number
59-1767677
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** □□□□□□□□

6. Name and Address of Current Registered Agent

MURRAY EDWARDS
166 OAK SQ SOUTH
LAKELAND, FL 33813

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $850.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** □□□□□□□□□□□

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	EDWARDS, PATRICIA S.
STREET ADDRESS	166 OAK SQUARE SO.
CITY-ST-ZIP	LAKELAND, FL
TITLE	PD
NAME	EDWARDS, MURRAY L.
STREET ADDRESS	166 OAK SQUARE S.
CITY-ST-ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia S. Edwards Sec Treas 4/21/04 863-858-6253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #