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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 03, 1999 8:00 am **Secretary of State**

03-03-1999 90060 036 \*\*\*150.00

# **DOCUMENT # 613691**

WRIGHT'S CATTLE FARM, INC.

Principal Place of Business
280 CORPORATE WAY

Mailing Address

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200 CORPORATE WAY ORANGE PARK FL ORANGE PARK FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 4. FEI Number Applied For 2. Principal Place of Business Mailing Address 3385 County od 315 Not Applicable 3385 County 59-1891365 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees Green Cove Trust Fund Contribution 28 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WRIGHT, EVELYN T Street Address (P.O. Box Number is Not Acceptable) 3385 COUNTY ROAD 315 **GREEN COVE SPRINGS FL 32043** 83 84 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 Stopature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	Signature, typed or printed name of registered agent and title if applicable.			CHANGES TO OFFI	ICERS AND DIRECT	ORS IN 12			
12.	OFFICERS AND DIRECTORS	,	13.	ADDITIONS/	CHANGES TO OFFI	Change			
TITLE	<b>7</b> 5.	DELETE	1.1 TITLE						
NAME	WRIGHT, S A		1.2 NAME						
STREET ADDRESS	3385 COUNTY ROAD 315		1.3 STREET ADDRESS						
CITY-ST-ZIP	GREEN COVE SPGS FL		1.4 CITY-ST-ZIP						
TITLE	4SD president	DELETE	2.1 TITLE			☐ Change	☐ Addition		
NAME	WRIGHT, EVELYN T		2.2 NAME						
STREET ADDRESS	3385 COUNTY ROAD 315		2.3 STREET ADDRESS						
CITY-ST-ZIP	GREEN COVE SPGS FL		2. 4 CITY-ST-ZIP						
TITLE		DELETE	3.1 TITLE			. Change	☐ Addition		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS				į		
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		DELETE	4.1 TITLE			Change	Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4,4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE			Change	Addition		
NAME			5.2 NAME						
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						
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, with all other like empowered.