FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709424 (6)

1. Corporation Name

FLORIDA CATTLEMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1818 NORTH BERMUDA AVENUE (34741) P.O. BOX 421929 KISSIMMEE FL 34742-1929	1818 NORTH BERMUDA AVENUE (34741) P.O. BOX 421929 KISSIMMEE FL 34742-1929

3. Date Incorporated or Qualified: 08/11/1965
3a. Date of Last Report: 03/29/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-0573004 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOLLIS, BOBBIE J.
1818 N BERMUDA AVE
KISSIMMEE FL 32743

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	KEMPFER, BILLY		1.2 NAME	Edgar Stokes	
STREET ADDRESS	8053 HWY 192		1.3 STREET ADDRESS	241 Bay Street	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	Lorida, FL 33857	
TITLE	PED	☒ DELETE	2.1 TITLE	P/E D	☒ Change ☐ Addition
NAME	STOKES, EDGAR		2.2 NAME	Marty Smith	
STREET ADDRESS	241 BAY ST		2.3 STREET ADDRESS	850 SE Fort King Street	
CITY-ST-ZIP	LORIDA FL		2.4 CITY-ST-ZIP	Ocala, FL 34478	
TITLE	SVPD	☒ DELETE	3.1 TITLE	SVPD	☒ Change ☐ Addition
NAME	SMITH, MARTY		3.2 NAME	Bert Tucker	
STREET ADDRESS	850 SE FORT KING STREET		3.3 STREET ADDRESS	4101 Fiske Trail	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	BARTHLE, LARRY		4.2 NAME	Thomas Kibler	
STREET ADDRESS	17231 BELLAMY BROS RD		4.3 STREET ADDRESS	822 Fairlington	
CITY-ST-ZIP	DADE CITY FL		4.4 CITY-ST-ZIP	Lakeland, FL 338113	
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☐ Change ☐ Addition
NAME	NEGUS, RAY		5.2 NAME	Pat Corrigan	
STREET ADDRESS	7735 SR 512		5.3 STREET ADDRESS	7150-20th Street,Suite E	
CITY-ST-ZIP	FELLSMERE FL		5.4 CITY-ST-ZIP	Vero Beach,FL 32966	
TITLE	SVPD	☒ DELETE	6.1 TITLE	SVPD	☐ Change ☐ Addition
NAME	TUCKER, BERT		6.2 NAME	Larry Barhtle	
STREET ADDRESS	4101 FISKE TRAIL		6.3 STREET ADDRESS	17231 Bellamy Bros Road	
CITY-ST-ZIP	ROCKLEDGE FL		6.4 CITY-ST-ZIP	Dade City, FL 33578	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edgar Stokes Edgar Stokes 407-846-6221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #