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May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOLLIS, BOBBIE J. 1818 N BERMUDA AVE KISSIMMEE FL 32743	81 Name: HANDLEY, JIM 82 Street Address (P.O. Box Number is Not Acceptable): 1818 N. Bermuda 83: Kissimmee, FL 34741 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: [signature] 5/18/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	SMITH, MARTY		1.2 NAME	TUCKER, BERT	
STREET ADDRESS	850 SE FORT KING ST.		1.3 STREET ADDRESS	4101 S. FISKE BLVD.	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955-[illegible]	
TITLE	PED	☒ DELETE	2.1 TITLE	President Elect/D	☐ Change ☒ Addition
NAME	TUCKER, BERT		2.2 NAME	BARTHLE, LARRY	
STREET ADDRESS	4101 FISKE TRAIL		2.3 STREET ADDRESS	17231 BELLAMY BROS ROAD	
CITY-ST-ZIP	ROCKLEDGE FL		2.4 CITY-ST-ZIP	SAN ANTONIO, FL 33576-0703	
TITLE	SVPD	☒ DELETE	3.1 TITLE	1stVP/D	☐ Change ☒ Addition
NAME	KIBLER, THOMAS		3.2 NAME	KIBLER, THOMAS	
STREET ADDRESS	822 FAIRLINGTON		3.3 STREET ADDRESS	822 FARLINGTON	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	LAKELAND FL 33802-0049	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TIDWELL, MARION		4.2 NAME		
STREET ADDRESS	8093 CHUMUCKLA HWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	2ndVP/D	☒ Change ☒ Addition
NAME	ALDERMAN, JIM		5.2 NAME	ALDERMAN, JIM	
STREET ADDRESS	13510 NE 224TH ST.		5.3 STREET ADDRESS	13510 NE 224th ST	
CITY-ST-ZIP	OKEECHOBEE FL		5.4 CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	SVPD	☒ DELETE	6.1 TITLE	T/D	☐ Change ☒ Addition
NAME	BARHTLE, LARRY		6.2 NAME	WAYNE GODWIN	
STREET ADDRESS	17231 BELLAMY BROS ROAD		6.3 STREET ADDRESS	P O BOX 1337 N/A	
CITY-ST-ZIP	DADE CITY F		6.4 CITY-ST-ZIP	zolfo Springs, FL 33890	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Exec V. Pres 4/4/98 407-846-6221
Name and title of authorized person to be contacted DATE Telephone number

CR2E037 (10/97)