FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 10 PM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712495 (1)

1. Corporation Name

HIGHLANDS COUNTY CATTLEMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6417 US 27 SOUTH SEBRING FL 33870	6417 US 27 SOUTH SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1967
3a. Date of Last Report: 04/01/1994
4. FEI Number: 51-0165310 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOGUE, PATRICK J
4509 W GEORGE BLVD.
SEBRING FL 33872

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 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 _____ 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	1.1 TITLE	State Director	☒ Change ☐ Addition
NAME	BOHANON, LUTHER	1.2 NAME	Gillie Russell	
STREET ADDRESS	PO BOX 448 N/A	1.3 STREET ADDRESS	P O Box 661, Catfish Rd	
CITY-ST-ZIP	VENUS FL 33960	1.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	T	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	CAUSEY, JOHN DR.	2.2 NAME	Steve Handley	
STREET ADDRESS	P.O. BOX 306/ LAKE JUNE RD.	2.3 STREET ADDRESS	115 E Orange St	
CITY-ST-ZIP	LAKE PLACID FL 33852	2.4 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	D	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	STOKES, EDGAR	3.2 NAME	Carlos Falle, Jr	
STREET ADDRESS	P.O. BOX 266/ BAY ST.	3.3 STREET ADDRESS	736 Arbuckle Crk Rd	
CITY-ST-ZIP	LORIDA FL 33857	3.4 CITY-ST-ZIP	Sebring, FL 33870	
TITLE	S	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	WOHL, JIMMY	4.2 NAME	Steve Bronson	
STREET ADDRESS	1800 ST RD 17 S	4.3 STREET ADDRESS	Bluff Hammock Rd, P O Box 426	
CITY-ST-ZIP	AVON PARK FL 33825	4.4 CITY-ST-ZIP	Lorida, FL 33857	
TITLE	VP	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	~~RUSSELL, GILLIE~~	5.2 NAME	Jack Scarborough	
STREET ADDRESS	~~P.O. BOX 661/ CATFISH CRK RD~~	5.3 STREET ADDRESS	66 Jack Scarborough Lane	
CITY-ST-ZIP	~~LAKE PLACID FL 33852~~	5.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MCHARGUE, JED	6.2 NAME		
STREET ADDRESS	5620 E ARBUCKLE RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL 33825	6.4 CITY-ST-ZIP		

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)(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: X Luther E. Bohanon 2-9-95 813/386-6540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0086200