

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90090 019 ****61.25

0056340

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 712495

1. Corporation Name
HIGHLANDS COUNTY CATTLEMEN'S ASSOCIATION, INC.

Principal Place of Business
**6417 US 27 SOUTH
 SEBRING FL 33870**

Mailing Address
**6417 US 27 SOUTH
 SEBRING FL 33870**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/28/1967	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 51-0165310	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOGUE, PATRICK J 4509 W GEORGE BLVD. SEBRING FL 33872				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, GILLIE	1.2 NAME	Steve Bronson
STREET ADDRESS	P.O. BOX 661 N/A-CATFISH ROAD	1.3 STREET ADDRESS	Bluff Hammock Rd, P O Box 426
CITY-ST-ZIP	LAKE PLACID FL 38852	1.4 CITY-ST-ZIP	Lorida FL 33857
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTT, SANFORD	2.2 NAME	
STREET ADDRESS	P.O. BOX 1556, 1245 LAKE LOTELA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, JOHN	3.2 NAME	John Payne
STREET ADDRESS	1015 LAKE SEBRING BLVD	3.3 STREET ADDRESS	1015 Lake Sebring Blvd
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	Sebring FL 33870
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOLLIS, GENE	4.2 NAME	
STREET ADDRESS	828 BUCK ISLAND RANCH RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33825	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, R D	5.2 NAME	
STREET ADDRESS	5677 E BUTLER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, EDGAR	6.2 NAME	
STREET ADDRESS	241 BAY ST, P.O. BOX 266	6.3 STREET ADDRESS	
CITY-ST-ZIP	LORIDA FL 33857	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 617, 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.

SIGNATURE: *Edgar Stokes* **Edgar Stokes** Director Date: **1-13-99** Daytime Phone #: **941/655-0079**

CR2E037 (1/98)