

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90015 026 ****61.25

24082525



08182004 Chg-NP CR2E037 (10/03)

4. FEI Number
51-0165310

Applied For
Not Applicable

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

DOCUMENT # 712495

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



Principal Place of Business
6417 US 27 SOUTH
SEBRING, FL 33876

Mailing Address
6417 US 27 SOUTH
SEBRING, FL 33876

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
P O Box 321
Suite, Apt. #, etc.
Sebring
City & State
FL
Zip
33871

Country US
Highlands

6. Name and Address of Current Registered Agent
LOLLIS, GENE
6417 U.S. HWY 27 S.
SEBRING, FL 33876

7. Name and Address of New Registered Agent
Name
Gene Lollis
Street Address (P.O. Box Number is Not Acceptable)
300 Buck Island Ranch Rd
City
Lake Placid, FL
Zip Code
33852

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gene Lollis, President 8/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOLLIS, GENE 300 BUCK ISLAND RANCH RD LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERRY, STAN 112 PARK LAND DR- P.O. BOX 388 VENUS, FL 33960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANDLEY, STEVE 115 E ORANGE STREET AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOLLIS, GENE 828 BUCK ISLAND RANCH RD LAKE PLACID, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CANNADY, CRAIG 4525 US 27 S. SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, EDGAR 241 BAY ST, P.O. BOX 266 LORIDA, FL 33857 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gene Lollis 8/23/04 441-0097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
34082525



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 18, 2004

HIGHLANDS COUNTY CATTLEMEN'S ASSOCIATION, INC.
C/O JERRY BRYAN
P O BOX 321
SEBRING, FL 33871

SUBJECT: HIGHLANDS COUNTY CATTLEMEN'S ASSOCIATION, INC.
Ref. Number: 712495

*Upon receipt of your letter and/or check(s) totaling \$61.25, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 204A00050861