

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000639 (2)

1. Corporation Name  
LIDDELL RANCHES, INC.

FILED  
97 SEP 12 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 6535 N. PALM, SUITE 104 FRESNO CA 93704	Mailing Address 6535 N. PALM, SUITE 104 FRESNO CA 93704
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/08/1996		3a. Date of Last Report	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 94-2497684		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired 8.75 Additional Fee Required		8.75 Additional Fee Required	
Zip 24		Country 25		Zip 29		Country 30	
9. Name and Address of Current Registered Agent RADKE, RICHARD W ESQUIRE BARNETT, BOLT, KIRKWOOD & LONG, P.A. 601 BAYSHORE BOULEVARD, SUITE 700 TAMPA FL 33606				10. Name and Address of New Registered Agent			

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	000002296140--3
83	-09/17/97--01103--023
84 City	****165.00 FL ****165.00

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 \_\_\_\_\_  
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	PC	1.1 TITLE	
NAME	LIDDELL, ANDREW L	1.2 NAME	
STREET ADDRESS	1510 STEEL BRIDGE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	KALISPELL MT 59901	1.4 CITY-ST-ZIP	
TITLE	VCV	2.1 TITLE	
NAME	LIDDELL, NORMAN J	2.2 NAME	
STREET ADDRESS	5-SOUTH RIVER ROAD	2.3 STREET ADDRESS	16105 GOLF COURSE ROAD
CITY-ST-ZIP	STUART FL 34996	2.4 CITY-ST-ZIP	PARRISH, FL 34219
TITLE	SD	3.1 TITLE	
NAME	WOLFE, BRENDA S	3.2 NAME	
STREET ADDRESS	22895 FLORES AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RED BLUFFS CA 96080	3.4 CITY-ST-ZIP	
TITLE	OFOT	4.1 TITLE	
NAME	WRIGHT, PATRICIA	4.2 NAME	
STREET ADDRESS	5811 TWO 16TH PLACE N.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	REDMOND WA 98052	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

CR2E034 (4/97)