

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90115 040 \*\*\*150.00

DOCUMENT # F96000000639

1. Corporation Name  
LIDDELL RANCHES, INC.

Principal Place of Business  
SADDLE CREEK APTS.  
5414 26TH ST. W.  
BRADENTON FL 34207

Mailing Address  
16105 GOLFCOURSE RD.  
PARRISH FL 34219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1996

4. FEI Number

94-2497684

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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 NORMAN J. LIDDELL

82 Street Address (P.O. Box Number is Not Acceptable)  
16105 GOLF COURSE RD

83 PARRISH

84 City PARRISH

FL 85 Zip Code  
34219

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

1/3/99

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE  
NAME LIDDELL, ANDREW L  
STREET ADDRESS 2305 W. BRIDLE PATH  
CITY-ST-ZIP PRESCOTT AZ 86301

TITLE VCV ☐ DELETE  
NAME LIDDELL, NORMAN J  
STREET ADDRESS 16105 GOLF COURSE RD.  
CITY-ST-ZIP PARRISH FL 34219

TITLE SD ☐ DELETE  
NAME WOLFE, BRENDA S  
STREET ADDRESS 22895 FLORES AVENUE  
CITY-ST-ZIP RED BLUFFS CA 96080

TITLE CFOT ☐ DELETE  
NAME WRIGHT, PATRICIA  
STREET ADDRESS 5611 TWO 16TH PLACE N.E.  
CITY-ST-ZIP REDMOND WA 98052

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0482066