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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G17450**

(9)

RM CATTLE & CITRUS, INC.

Principal Place of Business Mailing Address 4075 VIRGINIA AVE 4075 VIRGINIA AVE FT. PIERCE FL 34981 FT. PIERCE FL 34981-5557 3. Date Incorporated or Qualified 3a. Date of Last Report 12/27/1982 04/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2384681 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zιρ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MINTON, O.R., JR. **4075 VIRGINIA AVENUE** Street Address (P.O. Box Number is Not Acceptable) SUITE 204 83 FT. PIERCE FL 34981 84 City 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. Land farmers with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature dy and we pointed having of regimental agent and other lappination. (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. PSD Change Addition TITLE DELETE 11 TITLE NaM MINTON, O. R., JR. 1.2 NAME CR2E034 1905 S 25TH ST, STE 204 STREET ADDRESS 1.3 STREET ADDRESS FT. PIERCE FL 1.4 CITY - ST- ZIP CITY - ST - ZIF DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADORESS STREET ADDRESS 2 4 CITY-ST-ZIP OFF - ST- ZIF DELETE Change Addition TITLE 3.1 TITLE MAVE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP CiTY - S1 - ZIP DELETE Change Addition 4.1 TITLE TITLE NAV: 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-SI-ZIP Change Addition ___ DELETE Time 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling 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 suppliamental annual report is true and accurate and that my signature shall have the same legal effect as if made under report is true and accurate and that my signature shall have the same legal effect as if made under oath; that each powered to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of the corporations appears in Block 12 or Block 13 if char

64 CITY-ST-ZIP

61 TITLE

62 NAME 6.3 STREET ADDRESS

SIGNATURE:

City - ST- 7IP

STREET ADDRESS

CITY - ST - ZIP

THUE NAME

DELETE

JAN 15,1997 (56) 467-1350

Addition

Change

FILED

Jan 23 1997 8:00am

Secretary of State