

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR -7 AM 5:43

**DOCUMENT # H54242 (3)**  
1. Corporation Name  
**THE OLD CHISHOLM TRAIL LAND & CATTLE COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**% CHARLES GRAY** **% CHARLES GRAY**  
**2458 BONANZA ST.** **2458 BONANZA ST.**  
**CANTONMENT FL 32533** **CANTONMENT FL 32533**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/24/1985** 3a. Date of Last Report **03/04/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>59-2523063</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		30	
Zip	Country	Zip	Country				
24	25	29	30				

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GRAY, CHARLES**  
**2458 BONANZA ST.**  
**CANTONMENT FL 32533**

81 Name **CAROLYN GRAY**  
82 Street Address (P.O. Box Number is Not Acceptable) **2458 BONANAZA DR.**  
83 **CANTONMENT**  
84 City **FL** 85 Zip Code **32533**

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 *Carolyn Gray* **CAROLYN GRAY** **1/23/95**  
Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature has first when registered.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, CHARLES</b>	12 NAME	
STREET ADDRESS	<b>2458 BONANZA</b>	13 STREET ADDRESS	
CITY ST ZIP	<b>CANTONMENT FL</b>	14 CITY ST ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, CAROLYN</b>	22 NAME	
STREET ADDRESS	<b>2458 BONANZA</b>	23 STREET ADDRESS	
CITY ST ZIP	<b>CANTONMENT FL</b>	24 CITY ST ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(b), 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: *Carolyn Gray* **CAROLYN GRAY** **1/23/95**  
Signature, typed or printed name of signing officer or director.