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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business
~~% CHARLES GRAY
2458 BONANZA ST.
CANTONMENT FL 32533~~

Mailing Address
~~% CHARLES GRAY
2458 BONANZA ST.
CANTONMENT FL 32533-7401~~

3. Date Incorporated or Qualified: 04/24/1985
3a. Date of Last Report: 04/29/1996
4. FEI Number: 59-2523063
Applied For: Not Applicable
6. 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 c/o CAROLYN A. GRAY
Suite, Apt. #, etc.
22 2458 BONANZA STREET
City & State
23 CANTONMENT, FL
Zip Country
24 32533 25

2a. Mailing Address
26 c/o CAROLYN A. GRAY
Suite, Apt. #, etc.
27 2458 BONANZA STREET
City & State
28 CANTONMENT, FL
Zip Country
29 32533-7401 30

9. Name and Address of Current Registered Agent
GRAY, CAROLYN
2458 BONANZA DRIVE
CANTONMENT FL 32533

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Carolyn A. Gray* (NOTE: Registered Agent's signature required when reinstating) DATE: 3/27/97

12. OFFICERS AND DIRECTORS
TITLE: D DELETE
NAME: GRAY, CAROLYN
STREET ADDRESS: 2458 BONANZA
CITY-ST-ZIP: CANTONMENT FL

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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 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 reported 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 A. Gray* CAROLYN A. GRAY 3/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0491618

CR2E034 (9/96)