FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10: 16

DOCUMENT # H71732 (2)

1. Corporation Name
DOUGH LAND AND CATTLE, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/19/1985
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business	2a. Mailing Address
21 %CAROLYN GRAY	26 %CAROLYN GRAY
Suite, Apt. #, etc. 22 2458 BONANZA	Suite, Apt. #, etc. 27 2458 BONANZA
City & State 23 CANTONMENT, FL	City & State 28 CANTONMENT, FL
Zip / Country 24 32533 / 25	Zip / Country 29 32533 / 30

4. FEI Number: 59-2578998 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRAY, CHARLES 2458 BONANZA CANTONMENT FL 32533	81 Name: CAROLYN GRAY 82 Street Address (P.O. Box Number is Not Acceptable): 2458 BONANZA 83 84 City: CANTONMENT 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 A. Gray — DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: GRAY, CHARLES STREET ADDRESS: 2458 BONANZA CITY-ST-ZIP: CANTONMENT FL	11 TITLE: PD ☒ Change ☐ Addition 12 NAME: GRAY, CAROLYN 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE: D NAME: GRAY, CAROLYN STREET ADDRESS: 2458 BONANZA CITY-ST-ZIP: CANTONMENT FL	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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: Carolyn A. Gray Carolyn A. Gray — 3/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE

0390070 CP