

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # <b>H71732</b>							
1. Corporation Name <b>Dough Land and Cattle, Inc.</b>							
Principal Place of Business <b>% Carolyn Gray 2458 Bonanza Cantonment, FL 32533-7401</b>				Mailing Address			
2. Principal Place of Business				3a. Date of Last Report			
21				08/19/1985			
2a. Mailing Address				3b. Date of Last Report			
22				04/16/97			
23				4. FEI Number			
24				59-2578998			
25				Applied For			
26				Not Applicable			
27				5. Certificate of Status Desired			
28				8.75 Additional Fee Required			
29				6. Election Campaign Financing			
30				Trust Fund Contribution			
31				5.00 May Be Added to Fees			
32				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
33				Yes No			
34				9. Name and Address of Current Registered Agent			
35				10. Name and Address of New Registered Agent			
36				81 Name			
37				82 Street Address (P.O. Box Number is Not Acceptable)			
38				83			
39				84 City			
40				85 Zip Code			
41				FL			
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							
12. OFFICERS AND DIRECTORS							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE							
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY - ST - ZIP							
2.1 TITLE							
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY - ST - ZIP							
3.1 TITLE							
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY - ST - ZIP							
4.1 TITLE							
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY - ST - ZIP							
5.1 TITLE							
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY - ST - ZIP							
6.1 TITLE							
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 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: <b>Carolyn Gray</b> <b>3/5/98</b>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date							
Daytime Phone #							

CR2E034 (9/96)