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

Mailing Address

% CAROLYN GRAY

2458 BONANZA

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # H71732**

Principal Place of Business

% CAROLYN GRAY 2458 BONANZA

DOUGH LAND AND CATTLE, INC.

CANTONMENT F	EL 32533-7401	CANTONMENT FL 32533-740	CANTONMENT FL 32533-7401			DO NOT WRITE IN THIS SPACE			
US	US					3. Date Incorporated or Qualifed 08/19/1985			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	_ <del>  ·</del>	oplied For	
21						59-2578998		ot Applicable Additional	
Suite, Apt.,i	#, etc.	Suite, Apt. #, etc.	- •		۔ جمنت	5. Certificate of Status Desired	<b>+ -</b> · · ·	Additional equired	
City & State	3	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Count	у		8. This corporation owes the current year Int		_	
24	25	29	30			Personal Property Tax.	☐Yes	□No	
	9. Name and Address of Current	Registered Agent		.1	1	0. Name and Address of New Registered	Agent		
CDAY	/ CAROLVN		8	1 Name					
GRAY, CAROLYN 2458 BONANZA				2 Street	Address	(P.O. Box Number is Not Acceptable)			
CANTONMENT FL 32533									
CAUT	IONMENT PL 32333		8	3					
			8	4 City			85 Zip	Code	
						<u> </u>	.		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	of Florida. Such change was au ions of, Section 607.0505, Flori	ithorized b ida Statute	y the corpo	oration s	tion submits this statement for the purpose of board of directors. I hereby accept the appoi	ntment as re	egistered	
OIGHATORE	Signature, typed or printed name of registered agen			ent signature r	required wh		ID DIDEOT		
12.	OFFICERS AN		13.		т	ADDITIONS/CHANGES TO OFFICERS AN		Addition	
TITLE	P	☐ DELETE	1.1 TITLE				Change	Modifion	
NAME	GRAY, CAROLYN		1.2 NAME	•	1				
STREET ADDRESS	2458 BONANZA		1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	CANTONMENT FL 32533		1.4 CITY	ST-ZIP	<u> </u>				
TITLE		☐ DELETE	2.1 TITLE		1		Change	Addition	
NAME		•	2.2 NAM	Ξ.					
STREET ADDRESS			2.3 STRE	ET ADDRESS					
CITY+ST-Z#P*~	المراس يحيد	<u> </u>	2.4 CITY	-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	3.1 TITLE		į	•	Change	- 🖸 Addition	
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STREET ADDRESS			3.3 STRE	ET ADDRESS	1				
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	[				
ΠΙLE		☐ DELETE	4.1 TITLE		}		Change	Addition	
NAME			4, 2 NAM	E	-				
STREET ADDRESS			4.3 STRE	ET ADDRESS	1				
CITY-ST-ZIP	 		4.4 CITY	ST-ZIP					
TITLE	•	☐ DELETE	5.1 TITLE				☐ Change	Addition Addition	
NAME			5.2 NAM	=					
STREET ADDRESS			5.3 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY		ļ				
TITLE		☐ DELETE	6.1 TITLE	i			☐ Change	☐ Addition	
NAME			6.2 NAM	E					
STREET ADDRESS			6.3 STR	ET ADORESS					
CITY-ST-ZIP	•		6.4 CITY						
14. I hereby o	on this copyral raped or sypplamostal	appual report is tole and accur	rote ond ff	ist my eign	nafiire sn	tion 119.07(3)(i), Florida Statutes. I further ce hall have the same legal effect as if made und by Chapter 607, Florida Statutes; and that n	er oain: mai	i am an	

SIGNATURE:

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90071 006 \*\*\*150.00