

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 12 1996 8:00 am
Secretary of State

DOCUMENT # H87980 (9)

1. Corporation Name

CATTLEMEN'S REAL ESTATE, INC.



Principal Place of Business

4026 HWY. 441 S.E.
OKEECHOBEE FL 34974

Mailing Address

4026 HWY. 441 S.E.
OKEECHOBEE FL 34974

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PREVATT, JOHN M.
9751 HWY 78 W
OKEECHOBEE FL 34974

81 Name PREVATT, Norma J
82 Street Address (P.O. Box Number is Not Acceptable)
4026 Hwy 441 S.E.
83
84 City Okeechobee FL 85 Zip Code 34974

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 *Norma J. Prevatt*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME PREVATT, JOHN M.
STREET ADDRESS 9751 HWY 78 WEST
CITY-ST-ZIP OKEECHOBEE FL
TITLE ☐ DELETE
NAME PREVATT, NORMA J.
STREET ADDRESS 9751 HWY 78 WEST
CITY-ST-ZIP OKEECHOBEE 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
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 President
2.3 STREET ADDRESS PREVATT, Norma J
2.4 CITY-ST-ZIP 4026 Hwy 441 S.E.
3.1 TITLE Okeechobee Fl 34974
3.2 NAME Vice President
3.3 STREET ADDRESS PREVATT, Mitchell Norman
3.4 CITY-ST-ZIP 4026 Hwy 441 S.E.
4.1 TITLE Okeechobee, Fl 34974
4.2 NAME Sec/Treas
4.3 STREET ADDRESS Donna J. Cassels
4.4 CITY-ST-ZIP 4026 Hwy 441 S.E.
5.1 TITLE Okeechobee Fl 34974
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: *Norma J. Prevatt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96
Date

Daytime Phone #

CR2E034 (12/95)