

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne R. Morris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J96424**

(3)

THE R.M. CATTLE RANCH, INC.



1. Name of Corporation: % RICHARD MULHOLLAND
101 E. KENNEDY BLVD #3900
TAMPA FL 33602

2. Name of Agent: % RICHARD MULHOLLAND
101 E. KENNEDY BLVD #3900
TAMPA FL 33602

2. Name of Previous Office: 21. Mailing Address: 26.
22. 27.
23. 28.
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

MULHOLLAND, RICHARD
101 E. KENNEDY BLVD.
#3900
TAMPA FL 33602

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83.
84. City
FL 85. Zip Code

3. Date Incorporated or Qualified: 10/09/1987
3a. Date of Last Report: 01/23/1995

4. File Number: 59-2850765
Applies 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. 190.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

11. I, the undersigned, Secretary of State, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office. This change was authorized by the corporation's board of directors. I am hereby accepting the appointment as registered agent. I am

[Signature]

1-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

1. NAME: PD MULHOLLAND, RICHARD
14000 11 20
2. NAME: [] Change [] Add
3. NAME: [] Change [] Add
4. NAME: [] Change [] Add
5. NAME: [] Change [] Add
6. NAME: [] Change [] Add
7. NAME: [] Change [] Add
8. NAME: [] Change [] Add
9. NAME: [] Change [] Add
10. NAME: [] Change [] Add
11. NAME: [] Change [] Add
12. NAME: [] Change [] Add
13. NAME: [] Change [] Add
14. NAME: [] Change [] Add

14. I hereby certify that the information supplied by this filing is true and correct to the best of my knowledge and belief. I am duly qualified to file this report as required by law and that my signature shall have the same legal effect as if made under oath. I have provided each officer of the corporation the best and true copy of this report as required by Chapter 607, Florida Statutes, and that my name is printed in black ink on the back of this report.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 813-2257615

CR2E034 (12/95)