FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)J96424 THE R.M. CATTLE RANCH, INC. Principal Place of Business Mailing Address % RICHARD MULHOLLAND 101 E. KENNEDY BLVD #3900 % RICHARD MULHOLLAND 101 E. KENNEDY BLVD #3900 DO NOT WRITE IN THIS SPACE TAMPA FL 33602 TAMPA FL 33602 3. Date Incorporated or Qualified 10/09/1987 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 59-2850765 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Sono No Country Zip Personal Property Tax due June 30. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MUHOLLAND, RICHARD 101 E. KENNEDY BLVD. Street Address (P.O. Box Number Is Not Acceptable) #3900 83 **TAMPA FL 33602** 85 Zip Code 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME MULHOLLAND, RICHARD 1,2 NAME STREET ADDRESS 101 E. KENNEDY BLVD 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Addition Change TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-7#P 3.4. CITY-ST-ZIP DELETE Change Addition TOTLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition □ DELETE 6.1 TITLE TITLE

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14. Thereby certify that the information supplied with this filling 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 of 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 or an exact ment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.2 NAME

GNATURE: A STATE REQUIRED

NAME STREET ADDRESS