

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K63129 (6)
1. Corporation Name
RED RIVER CATTLE COMPANY



Principal Place of Business Mailing Address
% CHARLES C. CHILLINGWORTH P A
2090 PALM BEACH LAKES BLVD #800
W PALM BEACH FL 33409
% CHARLES C. CHILLINGWORTH P A
2090 PALM BEACH LAKES BLVD #800
W PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0201914	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHILLINGWORTH, CHARLES C 2090 PALM BEACH LAKES BLVD. SUITE 800 W PALM BEACH FL FL 33409		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILLINGWORTH, CHARLES C	1.2 NAME	
STREET ADDRESS	2090 PALM BCH LKS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEKETE, HELEN K.	2.2 NAME	
STREET ADDRESS	2090 PALM BCH LKS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	HARMON, KIM T.
STREET ADDRESS		3.3 STREET ADDRESS	2090 PALM BEACH LAKES BLVD, #800
CITY-ST-ZIP		3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	CONWAY, JEANNE O.
STREET ADDRESS		4.3 STREET ADDRESS	2090 PALM BEACH LAKES BLVD, #800
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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. I am the registered agent of the corporation and 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.

CR2E034 (10/97)