

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 SEP - 1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K63144 (5)

1. Corporation Name

ROCKRIDGE CATTLE CO., INC.



900001948029

-09/16/96--01049--018

****375.00 ****375.00

Principal Place of Business

Mailing Address



Dr. J. R. Davis
1801 12TH Street
Clermont, FL 34711



Dr. J. R. Davis
1801 12TH Street
Clermont, FL 34711

3. Date Incorporated or Qualified

01/30/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

NOT APPLICABLE

Applied 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. 199.032
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent



Dr. J. R. Davis
1801 12TH Street
Clermont, FL 34711

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P
DAVIS, SHEILA W.
STREET ADDRESS 8540 FIRESTONE CIR
CITY-ST-ZIP CLERMONT FL

11. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME S
DAVIS, SUSAN L.
STREET ADDRESS 1047 MAGNOLIA STREET
CITY-ST-ZIP CLERMONT FL

12. NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME T
DAVIS, IV., J.R.
STREET ADDRESS 8621 BRADLEY CIR
CITY-ST-ZIP CLERMONT FL

13. STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
DAVIS, III, J.R.
STREET ADDRESS 826 DESOTO STREET
CITY-ST-ZIP CLERMONT FL

14. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

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44. 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JAMES R. DAVIS III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96 352-394-2304
Date Daytime Phone

CR2E034 (3/96)