FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$55 Feb 23 1998 8:00am ATE FLORIDA DEPARTMENT C CORPORATION Sandra B. Morth ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORAT 1998 DOCUMENT #

1. Corporation Name (5) GREAT TEXAS LAND AND CATTLE CO. Principal Place of Business Mailing Address 6000 N. MILITARY TRAIL 8000 N. MILITARY TRAIL W. PALM BEACH FL 33407 W. PALM BEACH FL 33407 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/22/1990 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0205395 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Countr Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent **B1** Name PLUMB. RICHARD 2029 GREENVIEW COVE DR 82 Street Address (P.O. Box Number is Not Acceptable) WELLINGTON FL 33414 83 City 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ DELETĒ ☐ Change 1 1 T/T/ F TITLE PLUMB, RICHARD NAME 1.2 NAME 2029 GREENVIEW COVE DR STREET ADDRESS 1.3 STREET ADDRESS WELLINGTON FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY+ST+ZIP CITY-ST-ZIP □ DELET€ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLÉ 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP __ DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME 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 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 application.

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