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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000042219 (4)

POSSUM HILL FARM HAY & CATTLE CO., INC.

Principal Place of Business Mailing Address RT. 1. BOX 1302 RT. 1. BOX 1302 ANTHONY FL 34417-8529 ANTHONY FL 34417-8529 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>06/15/199</u>3 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3255124 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζıρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ORTIZ, GEORGE 201 NE 8TH AVE. Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34470** 83 84 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE Addition Change TITLE 11 TITLE PASTEUR, JAMES M NAME 1.2 NAME %GEORGE ORTIZ, 201 N.E. 8TH AVE. STREET ADDRESS 1.3 STREET ADDRESS **OCALA FL 34470** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE VSTD Addition 2 1 TITLE TITLE CARTER, JAMES E III 22 NAME NAME %GEORGE ORTIZ, 201 N.E. 8TH AVE. STREET ADDRESS 2.3 STREET ADDRESS **OCALA FL 34470** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TOLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 address

SIGNATURE:

CITY-ST-ZIP

James

4/22/98 (352)629-1879

FILED

Apr 28 1998 8:00am

Secretary of State