MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400009594

1. Corporation Name

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90089 040 ***150.00

FLORIDA	HEREFORD RANCH, INC							
Principal Place	e of Business	Mailing Address				f familian it intil niest abitt datte partt anter gat.		,e.((\$16: 18\$(
8552 SYLVAN D	•	8552 SYLVAN DR.				1		
MELBOURNE FL 32904 MELBOURNE FL 32904 MELBOURNE FL 32904						DO NOT WRITE IN THIS SI	DACE	
						3. Date Incorporated or Qualified		
						01/31/1994		
O Malin Addrson						4. FEI Number	Δη	plied For
2. Principal Pl	lace of Business	2a. Mailing Address				59-3233547	_ _ ;	t Applicable
21		26 Suite, Apt. #, etc.					\$8.75	
Suite, Apt. #, etc.			27			5. Certificate of Status Desired Fee Required		
City & State		City & State	-			6: Election Campaign Financing	\$5.00	May Be
City & State		·	28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Intan	gible	
24	25	29	30			Personal Property Tax.] Yes	ØNo
24]	9. Name and Address of Curre					10. Name and Address of New Registered Ag	jent	<u>.</u>
		<u> </u>		81	Name			
BROWNING, GEORGE				82	Street Adr	dress (P.O. Box Number is Not Acceptable)		
8552	2 SÝLVAN DR.			-	00017101	<u> </u>	<u> </u>	
MEL	Bourne FL 32904			83			4 195 (\$1.5) 5 (\$1.5)	
				84	City			Code
ı				1		FL	1 1 .	
agent. I a	registered agent, or both, in the Statum familiar with, and accept the obligations of the statum of	gations or, section our tosso, i	iorida ota		•	rporation submits this statement for the purpose of cl tion's board of directors. I hereby accept the appoint aired when reinstating) DATE	·	
12.		AND DIRECTORS	13	i		ADDITIONS/CHANGES TO OFFICERS AND		DRS IN 12
TITLE	D	☐ DELETE	1.1	TITLE	-		Change	☐ Addition
NAME	BROWNING, GEORGE		1.2	NAME				
STREET ADDRESS	OCCO OVILLANI DD		1.3 (STREE	T ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32904		1.4	CITY-S	T-ZIP			
TITLE	D	☐ DELETE	2.1	TITLE			Change	☐ Addition
NAME	BROWNING, JEANNINE		2.2	NAME				
STREET ADDRESS	AFFA OVELVANI DD		2.3	STREE	T ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32904		2.4	CITY-S	ST-ZIP			· Addition
TITLE		☐ DELETE	3.1	TITLE			Change	Addition
NAME			3.2	NAME				
STREET ADDRESS	;		3.3	STREE	T ADDRESS	The state of the s	Y 1 1	+ 1)
CITY-ST-ZIP			3.4.	CITY-	ST-ZIP		1 :	Addition
TITLE						The state of the s		, E Addition
NAME	1	☐ DELETE	4.1	TITLE			Change	
STREET ADDRESS		☐ OELETE		TITLE NAME			. ☐ Change	
CITY-ST-ZIP		☐ DELETE	4. 2	NAME	T ADDRESS		∏ Change	
CI11-31-ZIF			4. 2 4.3 4.4	NAME STREE	T ADDRESS			☐ Addition
TITLE		OELETE	4. 2 4.3 4.4 5.1	STREE CITY-S TITLE	T ADDRESS ST-ZIP		☐ Change	☐ Addition
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TITLE			4. 2 4.3 4.4 5.1 5.2 5.3	STREE CITY-S TITLE NAME	T ADDRESS ST-ZIP ST ADDRESS			Addition
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14. 1 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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE: