FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000071392 (2)

DOCUMENT # 1. Corporation Name SOUTHEASTERN COWBOYS RODEO ASSOCIATION, INC.



Pri	ncipal Place of Business		Mai	ing Address							
322 N HOUSTON AVE LIVE OAK FL 32060 2. Principal Place of Business				322 N HOUSTON AVE LIVE OAK FL 32060				Date incorporated or Qualified 10/01/1994		3a. Date of Last Report 02/14/1995	
			}ı	2a. Maling Address				4. FEI Number 59-3266637	Applied For Not Applicable		
Suite, Apt. #, etc.				Suite, Apt #, etc				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22	City & State		Caty & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
23	Zip	Country		\vdash	untry 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No						
24		25	29	lored Agent	30			10. Name and Address of New Registered Agent			
	9. Nam	e and Address of Cu	itteitt negis	ered Agent		81	Namo				
WALKER, LARRY D 322 N HOUSTON AVE LIVE OAK FL 32060						82 Street Address (P.O. Box Number is Not Acceptable) 83					
1		sions of Sections 607 or both, in the State of cept the obilgations of,				ove n	named corpo oration's boa	ration submits this statement for the part of directors. Thereby accept the ap	urpose of pointment	changing its registered orner tas registered agent. I am	
8	SIGNATURE		Tarina industria	Lausaria Av	O't Fragisteral	1 Agen	it signature red #1	,d when rein-tating)	()Ali		
Sgrature (gas) or permit that the permit of				13.	ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12						
OFFICERS AND DIRECTORS					Change D Addition						

SIGNATURE	grature typed or printed numeral regions as appear as a title if apply ratio (#90).	Fregistered Agent's gnature regioned s	Wester-lang) DATE.
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1 1 TiTLE	Change Addition
	WALKER, LARRY D	1.2 NAME	
NAME	322 N HOUSTON AVE	1.3 STREET ADDRESS	
STREET ADDRESS	325 M HOODION VAL	14 C/1Y - ST - ZIP	
CITY - ST - ZIP	LIVE OAK FL 32060	2 i TiTLE	Change Addition
TITLE		2 2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4.C(TV S1 - Z)2	
CITY - \$1 - ZIP	T] DELETE	3 1 TITLE	Crange Addition
THTLE		3.2 NAME	
NAME		33 STHEET ADDRESS	
STREET ADDRESS		34 CITY ST-ZIP	
CITY-ST-ZIP	DELETE	4 1 TITLE	Change Addition
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP	ED DUCTE	4.4 CHY - ST - ZIF 5.1 TILLE	Change Addition
TITLE	DELETE		
NAME		5.2 NAME	
STREET ADDRESS		5 3 STHEFT ADDRESS	
CITY - ST - ZIP		54 City - St - ZiP	Change Addition
TITLE	DELFTE	6 1 NIE	
NAME		6 2 NAME	
STREET ADORESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CHY-ST-ZIP	for the exemption statud in Section 119 07(3)(k), Florida Statutes. I further

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 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 certify 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 AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR