FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000054907 (7)**

1. Corporation Name
OKEECHOBEE CATTLE COMPANY

Principal Place of Business
1055 HIGHWAY 98, NORTH
OKEECHOBEE FL 34972

Mailing Address
1055 HIGHWAY 98, NORTH
OKEECHOBEE FL 34972

3. Date Incorporated or Qualified: **07/17/1995**
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P. O. Box 1288
Suite, Apt. #, etc.
27
City & State
28 Okeechobee, FL
Zip 29 34973-1288 Country 30

4. FEI Number: 65-0603740 — 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
CLEMONS, OTIS P
1055 HIGHWAY 98, NORTH
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent
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 of Registered Agent — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Otis P. Clemons	1.2 NAME	
STREET ADDRESS	P. O. Box 1288	1.3 STREET ADDRESS	4853 N. W. 30th Street
CITY-ST-ZIP	Okeechobee, FL 34973	1.4 CITY-ST-ZIP	
TITLE	Vice President ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Billy Allen	2.2 NAME	
STREET ADDRESS	P. O. Box 323	2.3 STREET ADDRESS	P. O. Box 323 (N/A)
CITY-ST-ZIP	Babson Park, FL 33827	2.4 CITY-ST-ZIP	
TITLE	Secretary-Treasurer ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Norman Hales	3.2 NAME	
STREET ADDRESS	2357 S. W. 22nd Circle E.	3.3 STREET ADDRESS	2357 S. W. 22nd Circle E.
CITY-ST-ZIP	Okeechobee, FL 34974	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	900001848499
STREET ADDRESS		5.3 STREET ADDRESS	-06/03/96--01059--044
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5-1-96

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Otis P. Clemons — 4-15-96 — 941-763-3127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)