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

2a. Mailing Address

City & State

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Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt # etc.

City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059727 (4)

PALMETTO CREEK LIVESTOCK, INC.

Principal Place of Business Mailing Address

5130 MICHON PATH
AVON PARK FL 33825 AVON PARK FL 33825-7737

Country

WHITEHOUSE, J. WENDELL 445 S COMMERCE AVE

SEBRING FL 33870

9. Name and Address of Current Registered Agent

FILED Feb 25 1997 8:00am Secretary of State

3. Date Incorporated or Qualified 07/31/1995	3a. Date of Last Report 03/21/1996
4. FEI Number 65-0598163	Applied For Not Applica
5. Certificate of Status Desired	\$8.75 Additional Fee Required

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Yes No

\$5.00 May Be

Added to Fees

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

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

Country

81 Name

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agent 1 am lamiliar with, and accept the obligations of, Section 607.0505, Floride Statutes.				
SIGNATURE	Signature by the protect name of registered ages and their applicable. (N	OTE Registere Agent signature requ	ored whon reinstaling) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	KING, TONY J SR	1.2 NAME		
STREET ADDRESS	16 E KENDALL BLVD	1.3 STREET ADDRESS		
CITY - ST - ZIP	AVON PARK FL 33825	1.4 CITY-ST-ZIP		
TITLE	D DELETE	21 TITLE	Change Addition	
NAME	KING, CINDY	22 NAME		
STREET ADDRESS	16 E KENDALL BLVD	2.3 STREET ADDRESS		
CHY-ST-ZIP	AVON PARK FL 33825	2.4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE	Change Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CHY+SI-ZIF		3.4. CITY-ST-ZIP		
THE	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		
STREET ADDRESS		5.3 STREET ADDRESS		
CHTY-ST-ZIP		5.4 CITY - ST - ZIP		
1-7LF	DELETE	6.1 TITLE	Change Addition	
NAME		6.2 NAME	·	
STREET ADDRESS		6.3 STREET ADDRESS		
CH4 CT 70		EARITY, CY. 7ID		

14. I do 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

SIGNATERIE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-21-97

(941) 453 063 2 Dayine Prone #