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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000082437

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

03-17-1999 90119 004 \*\*\*150.00

01111001	Name	•							
SUNCO	AST CATTLE COMPANY, INC	<i>)</i> .							
						#   <b>             </b>			
							HE THIS THIS I	Bila han bi	era ikilik kera kerak
Principal Place of Business Mailing Address									
14180 CENTRALIA ROAD BROOKSVILLE FL 34614 BROOKSVILLE FL 34614						DO NOT WRI	TE IN THIS	SPACE	
						3. Date incorporated or Qualified	12 114 11110		<del></del>
						10/24/1995			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		<del></del>	Applied For
21		26				59-3347054			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional Required
City & State	e	City & State				6. Election Campaign Financing		\$5.0	<b>0</b> May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the curr	ent year Int		П.,
24	25	29	30			Personal Property Tax.		Yes	
	9. Name and Address of Curren	t Registered Agent		- II		10. Name and Address of New F	Registered .	Agent	
Para	IC CHELDON B FOO		ļ	81 Name	1				
	IS, SHELDON P ESQ		ŀ	82 Stree	Addres	ss (P.O. Box Number is Not Accepta	able)		
	EAST MADISON STREET #920		Ĺ					<u></u>	
TAM	PA FL 33602		ſ	83					
			}	84 City				85 Zi	p Code
	·			'			<u> </u>		•
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was	authorized	by the con	poration	's board of directors. I hereby accep	pt the appoi	ntment as	registered
SIGNATURE							- DATE		
SIGNATURE	Signature, typed or printed name of registered agen	it and title if spplicable. (NOT	E: Registered /		required v	when reinstating)	DATE EICERS AN		
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	and title if applicable. (NOT D DIRECTORS	E: Registered /	igent signature	required v	when reinstating) ADDITIONS/CHANGES TO OF		D DIREC	TORS IN 12
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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 suppliemental annual peport 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 for 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 with all other like empowered.

SIGNATURE: