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**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90028 017 \*\*\*150.00

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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000019993**

1. Corporation Name  
**W.W. LIVESTOCK, INC.**

Principal Place of Business

HIGHWAY 53 SOUTH  
MADISON FL 32340

Mailing Address

P.O. BOX 87  
MADISON FL 32341  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/05/1996**

4. FEI Number

**59-3368444**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**CLARK, O W  
HIGHWAY 53 SOUTH  
MADISON FL 32340**

10. Name and Address of New Registered Agent

81 Name

**AKINS, KELLY K.**

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

**SOUTH HWY 53**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KELLEY, AKINS K**  
STREET ADDRESS **268 ALEXANDER APT 9**  
CITY-ST-ZIP **MT PLEASANT SC 29464**

TITLE **VD** ☐ DELETE

NAME **CLARK, DAVID**  
STREET ADDRESS **P.O. BOX 87 N/A**  
CITY-ST-ZIP **MADISON FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **AKINS, KELLEY K.**  
1.3 STREET ADDRESS **SOUTH HIGHWAY 53**  
1.4 CITY-ST-ZIP **MADISON, FL. 32340**

2.1 TITLE **V/D** ☐ Change ☐ Addition

2.2 NAME **CLARK, DAVID W.**  
2.3 STREET ADDRESS **P.O. BOX 463/ SOUTH HWY 53**  
2.4 CITY-ST-ZIP **MADISON, FL. 32341**

3.1 TITLE **P/D/S/T** ☐ Change ☒ Addition

3.2 NAME **CLARK, O. WAYNE**  
3.3 STREET ADDRESS **P.O. BOX 87/ SOUTH HIGHWAY 53**  
3.4 CITY-ST-ZIP **MADISON, FL. 32340**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: *O. Wayne Clark* **OR WAYNE CLARK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/99 (850) 973-3344

Date

Daytime Phone #

CR2E034 (11/98)