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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000061492 (0)

1. Corporation Name

OUTLAW RODEO PRODUCTIONS, INC.



Principal Place of Business

2110 N US 1
FT PIERCE FL 34946

Mailing Address

2110 N US 1
FT PIERCE FL 34946

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified

07/22/1996

4. FEI Number

65-0684350

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ECKEL, SABINA R
2110 N US 1
FT PIERCE FL 34946

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, 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
NAME LACROSSE, DAVID
STREET ADDRESS 2110 N US 1
CITY-ST-ZIP FT PIERCE FL 34946 ☐ DELETE

TITLE D
NAME LACROSSE, KATHLEEN
STREET ADDRESS 2110 N US 1
CITY-ST-ZIP FT PIERCE FL 34946 ☐ DELETE

TITLE D
NAME ECKEL, SABINA
STREET ADDRESS 405 FERNANDINA ST
CITY-ST-ZIP FT PIERCE FL 34949 ☐ DELETE

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 LA CROSSE, DAVID
1.3 STREET ADDRESS 82 INDIAN TRACE
1.4 CITY-ST-ZIP MINERAL BLUFF, GA 30513

2.1 TITLE D. ☒ Change ☐ Addition
2.2 NAME LA CROSSE, KATHLEEN
2.3 STREET ADDRESS 82 INDIAN TRACE
2.4 CITY-ST-ZIP MINERAL BLUFF GA 30559

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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.

SIGNATURE: Sabina R Eckel 4/22/98 561-465 4900

CR2E034 (10/97)