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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000098044 (6)**

1. Corporation Name
INDIAN PASS CATTLEMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~5959 CENTRAL AVE. STE 201~~ ~~ST PETERSBURG FL 33710~~	~~5959 CENTRAL AVE. STE 201~~ ~~ST PETERSBURG FL 33710-8502~~

~~19325~~

3. Date Incorporated or Qualified: 12/02/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 19325 Gulf Boulevard	26 19325 Gulf Boulevard
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Indian Shores, FL	City & State 28 Indian Shores, FL
Zip: 24 34635 Country: 25 USA	Zip: 29 34635 Country: 30 USA

4. FEI Number: 59-3430206 ☐ 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**

ENGLANDER, LEONARD S ESQ.
5959 CENTRAL AVE. STE 201
ST PETERSBURG FL 33710

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~ ☒ DELETE	1.1 TITLE	D/P ☒ Change ☐ Addition
NAME	~~ENGLANDER, LEONARD S~~	1.2 NAME	Donald N. Cate
STREET ADDRESS	~~5959 CENTRAL AVE. STE 201~~	1.3 STREET ADDRESS	19325 Gulf Boulevard
CITY-ST-ZIP	~~ST PETERSBURG FL 33710~~	1.4 CITY-ST-ZIP	Indian Shores, FL 34635
TITLE	☐ DELETE	2.1 TITLE	D/S/T/V ☐ Change ☒ Addition
NAME		2.2 NAME	Frank R. Chivas
STREET ADDRESS		2.3 STREET ADDRESS	19325 Gulf Boulevard
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Indian Shores, FL 34635
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	

CR2E034 (9/96)

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: [signature] RECEIVED 4-7-97 813-391-4052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0007790