

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90003 048 \*\*\*150.00

DOCUMENT # P98000051222

1. Corporation Name

PASCO CATTLE COMPANY

Principal Place of Business

121 NORTH OSCEOLA AVENUE  
SUITE 000  
CLEARWATER FL 33755

Mailing Address

121 NORTH OSCEOLA AVENUE  
SUITE 300  
CLEARWATER FL 33755

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1998

4. FEI Number

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

21 16 TARPON DR.

2a. Mailing Address

26 16 TARPON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TARPON SPRINGS, FL

City & State

28 TARPON SPRINGS, FL

Zip Country

24 34689 25 PINELLAS

Zip Country

29 34689 30 PINELLAS

9. Name and Address of Current Registered Agent

~~LOGAN, FRANK C~~  
~~121 NORTH OSCEOLA AVENUE~~  
~~SUITE 300~~  
~~CLEARWATER FL 33755~~

10. Name and Address of New Registered Agent

81 Name  
ALBERT R. DEPAULOT JR.  
82 Street Address (P.O. Box Number is Not Acceptable)  
16 TARPON DR.  
83  
84 City  
TARPON SPRINGS FL 85 Zip Code  
34689

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 *Albert R. Depaulot Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.29.99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LOGAN, FRANK C  
STREET ADDRESS 121 NORTH OSCEOLA AVENUE SUITE 000  
CITY-ST-ZIP CLEARWATER FL 33755

☒ DELETE

TITLE VPD  
NAME PAGAN, LOUISE  
STREET ADDRESS 121 NORTH OSCEOLA AVENUE SUITE 300  
CITY-ST-ZIP CLEARWATER FL 33755

☒ DELETE

TITLE SD  
NAME MILLER, DONNA C  
STREET ADDRESS 121 NORTH OSCEOLA AVENUE SUITE 300  
CITY-ST-ZIP CLEARWATER FL 33755

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D  
1.2 NAME Depaulot, Albert R.  
1.3 STREET ADDRESS 16 TARPON DR.  
1.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689

☒ Change ☐ Addition

2.1 TITLE V/D  
2.2 NAME Caldwell, Ted  
2.3 STREET ADDRESS 2328 Sand Bay DR.  
2.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME Dan Wolf  
3.3 STREET ADDRESS 3684 Quail Forest DR.  
3.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Albert R. Depaulot Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.99 (727) 942-6625  
Date Daytime Phone #

CR2E034 (11/98)