

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

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

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

04/12/00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000051222**

1. Corporation Name  
**PASCO CATTLE COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**121 NORTH OSCEOLA AVENUE**  
~~SUITE 000~~  
**CLEARWATER FL 33755**

Mailing Address  
**121 NORTH OSCEOLA AVENUE**  
~~SUITE 300~~  
**CLEARWATER FL 33755**

3. Date Incorporated or Qualified  
**06/09/1998**

2. Principal Place of Business  
**21 16 TARPON DR.**

2a. Mailing Address  
**26 16 TARPON DR.**

4. FEI Number  
 Applied For  
 Not Applicable

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
**23 TARPON SPRINGS, FL**

City & State  
**28 TARPON SPRINGS, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country  
**24 34689 25 Pinellas**

Zip Country  
**29 34689 30 Pinellas**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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.* DATE **4.29.99**  
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>LOGAN, FRANK C</del>	1.2 NAME	Depaulot, Albert R.
STREET ADDRESS	<del>121 NORTH OSCEOLA AVENUE SUITE 000</del>	1.3 STREET ADDRESS	16 TARPON DR.
CITY-ST-ZIP	<del>CLEARWATER FL 33755</del>	1.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>PAGAN, LOUISE</del>	2.2 NAME	Cadwallader, Ted
STREET ADDRESS	<del>121 NORTH OSCEOLA AVENUE SUITE 300</del>	2.3 STREET ADDRESS	2328 SAND BAY DR.
CITY-ST-ZIP	<del>CLEARWATER FL 33755</del>	2.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MILLER, DONNA C</del>	3.2 NAME	Dan Wolf
STREET ADDRESS	<del>121 NORTH OSCEOLA AVENUE SUITE 300</del>	3.3 STREET ADDRESS	3684 QUAIL FOREST DR.
CITY-ST-ZIP	<del>CLEARWATER FL 33755</del>	3.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Albert R. Depaulot Jr.* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4.29.99** (727) 942-6625  
Date Daytime Phone #

CR2E034 (11/98)