2002 UNIFORM BUSINESS REPORT (UBR)

Jun 04, 2002 8:00 am Secretary of State DOCUMENT # P98000053368 1. Entity Name 06-04-2002 90205 032 ***550.00 LAZY C FEED & TACK SUPPLY, INC. Principal Place of Business Mailing Address 5865 SW 176TH AVE (HWY 90) 5865 SW 176TH AVE (HWY 90) **DUNNELLON FL 34432 DUNNELLON FL 34432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3524820 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANNON, HOMER W III Street Address (P.O. Box Number is Not Acceptable) 5865 SW 176TH AVE (HWY 90) **DUNNELLON FL 34432** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Delete TITLE TITLE ☐ Addition Change NAME NAME CANNON, HOMER W III STREET ADDRESS STREET ADDRESS 5865 SW 176TH AVE (HWY 90) CITY-ST-ZIP **DUNNELLON FL 34432** CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME CANNON, KELLY J NAME STREET ADDRESS STREET ADDRESS 5865 SW 176TH AVE (HWY 90) :CITY-ST-ZIP > = DUNNELLON:FL:34432 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: Z_____

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-02

352-489-9227 Daytime Phone #

FILED