

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S07294** (9)
1. Corporation Name
RIEGER CATTLE COMPANY



Principal Place of Business
**P. O. BOX 794
EATON PARK FL 33840**

Mailing Address
**P. O. BOX 794
EATON PARK FL 33840**

3. Date Incorporated or Qualified **10/15/1990** 3a. Date of Last Report **04/20/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0227533 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

**RIEGER, SONNY N.
5234 THORNHILL ROAD
WINTER HAVEN FL 33880**

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 of Registered Agent is required when changing the registered office or registered agent.)

(Signature of Registered Agent is required when changing the registered office or registered agent.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME	1.1 TITLE	1.2 NAME
3. STREET ADDRESS	4. CITY - ST - ZIP	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
5. TITLE	6. NAME	2.1 TITLE	2.2 NAME
7. STREET ADDRESS	8. CITY - ST - ZIP	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
9. TITLE	10. NAME	3.1 TITLE	3.2 NAME
11. STREET ADDRESS	12. CITY - ST - ZIP	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
13. TITLE	14. NAME	4.1 TITLE	4.2 NAME
15. STREET ADDRESS	16. CITY - ST - ZIP	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
17. TITLE	18. NAME	5.1 TITLE	5.2 NAME
19. STREET ADDRESS	20. CITY - ST - ZIP	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
21. TITLE	22. NAME	6.1 TITLE	6.2 NAME
23. STREET ADDRESS	24. CITY - ST - ZIP	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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:

Sonny N. Rieger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

DATE OF FILING

CR2E034 (12/95)