## 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

## DOCUMENT # **S07294**

1. Corporation Name

RIEGER CATTLE COMPANY

|                             | •   |                              |                |                   |                                 |  |                                       | JATA BIBII 91811 91 |            |
|-----------------------------|---|------------------------------|----------------|-------------------|---------------------------------|--|---------------------------------------|---------------------|------------|
| Principal Place             | of Business   | Mailing Address              |                |                   |                                 | 1 1881(818 (1) 88)(1 19818 1981                      | 8 (9)() 619( 9)6() 4                  | (81) 9(91) 8/81) 61 | )=II       |
| P. O. BOX 794 P. O. BOX 794 |   |                              |                |                   |                                 |  |                                       |                     |            |
|                             | PARK FL 33840 EATON PARK FL 33840   |                              |                |                   |                                 | DO NOT WRITE IN THIS SPACE                           |                                       |                     |            |
|                             |   |                              |                |                   |                                 | 3. Date Incorporated or Qualif                       | ed                                    |                     |            |
|                             |   |                              |                |                   |                                 | 10/15/1990   |                                       |                     | ļ          |
| 2. Principal Pl             | ace of Business   | 2a. Mailing Address          |                |                   |                                 | 4. FEI Number  |                                       | Apr                 | olied For  |
| 21                          |   | 26                           |                |                   |                                 | 65-0227533   |                                       | Not                 | Applicable |
| Suite, Apt.                 | # etc   | Suite, Apt. #, etc.          |                |                   |                                 |  |                                       | \$8.75 A            | dditional  |
| 22                          | 27  |                              |                |                   | _5Certificate of Status Desired |  | Fee Rec                               | quired              |            |
| City & State                | 9   | City & State                 | City & State   |                   |                                 | 6. Election Campaign Financia                        | ng 🔲                                  | \$5.00              | May Be     |
| 23                          | - `·  | 28                           |                |                   | Trust Fund Contribution         |  | Added to                              | Fees                |            |
| Zip Country Zi              |   | Zip                          | Zip Country    |                   |                                 | 8. This corporation owes the current year Intangible |                                       |                     |            |
| 24                          | 25 29 30  |                              | 30             |                   |                                 | Personal Property Tax.                               |                                       |                     | □No        |
|                             | 9. Name and Address of Curre  | nt Registered Agent          | _              | 1001              |                                 | 10. Name and Address of Ne                           | w Registered                          | Agent               |            |
| DIEO                        |   |                              |                | 81                | Name                            |  | •                                     |                     | Ì          |
| RIEGER, SONNY N.            |   |                              |                | 82                | Street Addr                     | ess (P.O. Box Number is Not Acce                     | eptable)                              | -                   |            |
| 5234 THORNHILL ROAD         |   |                              |                |                   |                                 |  |                                       | <u> </u>            |            |
| AAILA                       | TER HAVEN FL 33880  |                              |                | 83                |                                 |  |                                       | ,                   |            |
|                             |   |                              | -              | 84                | City                            |  | FL                                    | 85 Zip C            | ode        |
| -14 5                       | to the provisions of Sections 607.05  | 00 and 607 1509 Florida Stat | tuton the a    | h0)/0             | named corn                      | oration submits this statement for                   | the nurnose of                        | changing its        | registered |
| office or r                 | to the provisions of Sections 607.056<br>egistered agent, or both, in the State<br>m familiar with, and accept the obligi | of Florida, Such change was  | s authonzed    | ז עם כ            | ne corporatio                   | on's board of directors. I hereby ac                 | cept the appoi                        | ntment as reg       | jistered   |
| SIGNATURE                   |   |                              |                |                   |                                 |  | · · · · · · · · · · · · · · · · · · · |                     |            |
|                             | Signature, typed or printed name of registered age  |                              | TE: Registered | Agent             | signature required              | d when reinstating) ADDITIONS/CHANGES TO             | DATE<br>DESICERS AN                   | ID DIRECTO          | RS IN 12   |
| 12.                         |   | ND DIRECTORS                 | 1.1 TI         | π.c               | <del>-</del>                    | ADDITIONS/CHANGES TO                                 | OI FIOLING A                          | Change              | Addition   |
| TITLE                       | DP CONING N   | T' DECE IE                   |                |                   |                                 | -  |                                       | <b>□</b> 3          |            |
| NAME                        | RIEGER, SONNY N.  |                              | 1.2 N          |                   |                                 | , `  |                                       |                     |            |
| STREET ADDRESS              | 3234 THORNHILL RD   |                              | ſ              |                   | ADDRESS                         |  |                                       |                     |            |
| CITY-ST-ZIP                 | WINTER HAVEN FL   | ☐ DELETE                     | 1.4 CI         | TY-ST-            | -ZIP                            |  |                                       | Change              | Addition   |
| TITLE                       |   | רֶן מַנְינִינִינִ            | 1              |                   |                                 |  | * -                                   |                     |            |
| NAME                        |   | •                            | 2.2 N          |                   |                                 | •  |                                       |                     |            |
| STREET ADDRESS              |   |                              |                |                   | ADORESS                         |  |                                       |                     |            |
| CITY-ST-ZIP                 |   | ☐ DELETE                     | 2.4 C<br>3.1 Π | TY-ST             | 1-2119                          |  |                                       | Change              | ☐ Addition |
| TITLE                       |   |                              | 3.2 N          |                   |                                 |  |                                       |                     |            |
| NAME                        | ·   |                              |                |                   | ADDRESS                         |  |                                       |                     |            |
| STREET ADDRESS              | ,   | •                            |                | :KEE1<br>:XTY-\$1 |                                 |  |                                       | 1                   |            |
| CITY-ST-ZIP                 |   | □ DELETE                     | 4.1 TI         |                   | 1-219                           | <del></del>  |                                       | ☐ Change            | Addition   |
| TITLE                       |   |                              | 4.2N           |                   |                                 | •  |                                       |                     |            |
| NAME                        |   |                              |                |                   | ADDRESS                         |  |                                       |                     |            |
| STREET ADDRESS              |   |                              |                | ITY-ST            | 1                               |  |                                       |                     |            |
| CITY-ST-ZIP                 |   | ☐ DELETE                     | 5.1 77         |                   | -211                            |  |                                       | ☐ Change            | Addition   |
| TITLE                       |   |                              | 5.2 N          |                   | -                               |  |                                       | .—                  |            |
| NAME                        | ,   |                              |                |                   | ADORESS                         |  | •                                     |                     |            |
| STREET ADDRESS              |   |                              |                | ITY-ST            |                                 |  |                                       |                     |            |
| CITY-ST-ZIP                 |   | ☐ DELETE                     | 6.1 T          |                   | <del></del>                     |  | -                                     | Change              | Addition   |
| TITLE                       | {   |                              | 6.2 N          |                   |                                 | •  |                                       | _ •                 |            |
| NAME                        | 50.00 to 10 to 10   |                              |                |                   | ADDRESS                         |  |                                       |                     |            |
| STREET ADDRESS              | 1 ** * * * * * * * * * * * * * * * * *  |                              | 1,50           |                   |                                 |  |                                       |                     |            |

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.

6.4 CiTY+ST-ZIP

CITY-ST-ZIP

**FILED** 

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90056 001 \*\*\*150.00