## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

CITY-ST-ZIP

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Aug 25 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # S92636 PARKER CATTLE COMPANY Principal Place of Business Mailing Address P.O. BOX 415 P.O. BOX 415 WEBSTER FL 33597 WEBSTER FL 33597 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1992 04/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For *2*922 59-3097537 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 State City & Stato 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Country This corporation owes or has paid the current year Intangible Sumber 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PULLUM, J. STEPHEN 1330 WEST CITIZENS BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 701 B3** LEESBURG FL 34748 84 City 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change \_\_\_ Addition TITLE 1.1 TITLE PARKER, LLOYD NAME 1.2 NAME P.O. BOX 415 (N/A) 1.3 STREET ADDRESS STREET ADDRESS WEBSTER FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE PARKER, BARBARA A. NAME 2.2 NAME P.O. BOX 415 (N/A) STREET ADDRESS 2.3 STREET ADDRESS WEBSTER FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 T(TLE NAME 3.2 NAM6 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 eath; 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 12 or Block or on an attachment with an address.

14. I do hereby certify that the information supplied with this filing doos not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the