## 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 # V21851

STREET ADDRESS

CITY-ST-ZIP

TALL TIMBERS CATTLE CO., INC.

					<u> </u>				Bibli Bibli Bibli	
Principal Plac	ce of Business	Mailing A	ddress							
13800 S.E. 175 ST. 107 NE 1ST AVE.										
WEIRSDALE FL 32195 OCALA FL 34470 US						DO NOT WRITE IN THIS				
		US					3. Date Incorporated or Qual		J 01,710L	[*E+;
		٠					03/17/1992			
2 Principal D	Place of Business	2a Mailin	g Address				4. FEI Number		Ι Ι Δ	pplied For
	tace of business	26	ig / ladi coo				59-3172778			ot Applicable
Suite, Apt.	# etc :		Apt. #, etc.	<u> </u>						Additional
22	. #, etc.	27	7 pt. #, 010.				<ol><li>Certificate of Status Desired</li></ol>	d <b>K</b>		lequired
City & Stat	te		k State				6. Election Campaign Finance	ina	\$5.00	May Be
23		28					Trust Fund Contribution	9 D		to Fees
Zip	Country	Zip		Cour	itry		8. This corporation owes the	current year Ir		
24	25	29		30	•		Personal Property Tax.		Yes	□No
*~1	9. Name and Address of Curre	ent Registered /	Agent	1221			10. Name and Address of N	w Registered	Agent	
	V. 1700	;			81 Name	e			•.	v
CON	NNER, DRUCILLA S.				20 04	4 4 4 4 4 4 4	- (D.O. D N !- N A	4-61-1	<u> </u>	* •
1380	00 S.E. 175TH ST.				82 Stree	t Addres	s (P.O. Box Number is Not Acc	eptable)		
WEI	RSDALE FL 32195	•		Ī	83					(1811 \$181 1981 4121 \$181 1981
							Harrist Artists	11 2 1 1 1 1 1 1	34, 18, 34,	
		•			84 City		1 1 7 7 7 2 2 10 10	FI	<b>85</b> Zip	Còde ```
11 Pureuant	to the provisions of Sections 607.05	502 and 607 150	8 Florida Stat	utes the ab	ove-name	d corpor	ation submits this statement for	the purpose o	f changing its	s registered
**************************************	registered agent, or both, in the Stat	e of Florida. Suc	h change was	authorized	by the cor	poration	s board of directors. I hereby a	ccept the appo	intment as re	egistered
l agent.la	am familiar with, and accept the oblig	gations of, Section	in 607.0505, F	londa Statu	les.				•	
SIGNATURE		and and title if applicab	do /NO	TE: Pagistared	annt eignstu	a required u	hen reinstation)	DATE	i	· .
SIGNATURE	Signature, typed or printed name of registered ac				igent signatur	w beniupen e	nen reinstating)	DATE OFFICERS A	ND DIRECTO	ORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

REQUDIUCIIla Conner 🖊

(352)821-1085

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90035 042 \*\*\*158.75