**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00** 95-53 0-3010-C

CORPORATION ANNUAL REPORT

**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:50

DOCUMENT # **V29740** **(0)**

1. Corporation Name

**MONTURA LAND AND CATTLE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1533 NW AVENUE L<br>BELLE GLADE FL 33430<br>US | 1533 NW AVENUE L<br>BELLE GLADE FL 33430<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1992
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business
21: 335 N. Devils
Suite, Apt. #, etc.
22: GARDEN Rd
City & State
23: Clewiston, FL
Zip 24: 33440 Country 25: USA

2a. Mailing Address
26: 1324 S MAIN ST
Suite, Apt. #, etc.
27:
City & State
28: Belle Glade, FL.
Zip 29: 33430 Country 30: USA

4. FEI Number: 65-0344521 ☐ 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

HILL, H.E.
1533 N.W. AVENUE L
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

81 Name: CALVIN D. ALSTON
82 Street Address (P.O. Box Number is Not Acceptable): 1324 S MAIN ST
83:
84 City: Belle Glade FL 85 Zip Code: 33430

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: Calvin D. Alston 3/28/95
Signature of or typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HILL, H. E | 12 NAME | |
| STREET ADDRESS | 1533 N.W. AVENUE L | 13 STREET ADDRESS | |
| CITY-ST-ZIP | BELLE GLADE FL | 14 CITY-ST-ZIP | |
| TITLE | VPD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | ALVAREZ, LOUIS | 22 NAME | |
| STREET ADDRESS | P. O. BOX 1614 N/A | 23 STREET ADDRESS | |
| CITY-ST-ZIP | CLEWISTON FL | 24 CITY-ST-ZIP | |
| TITLE | S | 31 TITLE | ☐ Change ☐ Addition |
| NAME | ALSTON, CALVIN D | 32 NAME | |
| STREET ADDRESS | 1533 N.W. AVENUE L | 33 STREET ADDRESS | |
| CITY-ST-ZIP | BELLE GLADE FL | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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)(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, added or deleted.

**SIGNATURE:** Calvin D. Alston CALVIN D. ALSTON 3/28/95 407-996-4524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0082834 CP