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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90056 026 \*\*\*150.00

## DOCUMENT # **V29740** 1. Corporation Name

MONTURA LAND AND CATTLE, INC.

Principal Place	e of Business	Mailing Address				11000	\$11616 15858 (B15) 19811	81811 8811 81811	#### #################################	
335 N. DEVILS GARDEN ROAD CLEWISTON FL 33430		1324 S. MAIN ST. BELLE GLADE FL 33430								
US		US	US			DO NOT WRITE IN THIS SPACE				
						1 **	porated or Qualife	ed		i
						04/15/1	992			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Nu nb	ег		A	oplied For
21		26				65-0344	<u> 1521                                   </u>		N N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				E Cortifes to	of Status Desired		<b>*</b>	Ac ditional
22		27				5. Ochince ic			Fee R	beniupe
City & Stat	le	City & State				6. Election C	ampaign Financin	g <sub>[]</sub>	\$5.00	May Be
23		28				Trust Fund	d Contribution		Added	to Fees
Zip	Coun ry	Zip	Cou	ntry		8. This corpo	oration owes the co	urrent year l		
24	25	29	30			Person at I	Property Tax.		Yes	[]No
	9. Name and Address of Curre	ent Registered Agent				10. Name and	d Address of Nev	v Registere	Agent	
				81	Name					
	TON, CALVIN D.		ŀ	82	Street Add	Iress (P.O. Box Nu	ımber is Not Acce	ptable)		
	4 S. MAIN ST.									
BELL	LE GLADE FL 33430			83						
			ŀ	84	City				85 Zip	Code
		<u></u>		1	•			F	<u> </u>	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	te of Honda, Such change was gaunns of Section 687 0505, F	authorized orida Statu	bove by utes.	e-named corp the corporation	ion's board of cire	ctors. I nereby act	he purpose of cept the appo	oniunieni as n	s nægistered egistered
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CITY-ST-ZIP 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 or der 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 chapted or on mattaching his with an address, which if other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

☐ DELETE

☐ Change

Addition