

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 167059 (5)

1. Corporation Name  
**RAMSEYS STOCK FARM INC**



Principal Place of Business Mailing Address  
C/O J.P.RAMSEY, JR.  
RT. 1 BOX 288  
MICANOPY FL 32667

3. Date Incorporated or Qualified 11/15/1951  
3a. Date of Last Report 01/23/1995

2. Principal Place of Business 2a. Mailing Address  
21 Rt. 1, Box 288, Micanopy, FL 26 Rt. 1 Box 288  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State Micanopy, FL 28 City & State Micanopy, FL  
24 Zip 32667 25 Country Alachua 29 Zip 32667 30 Country Alachua

4. FEI Number 59-0672028 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  
RAMSEY JR, J P  
RT 1 BOX 288  
MICANOPY FL 32667

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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.

SIGNATURE *J.P. Ramsey, Jr.* 1/20/96  
Signature typed in printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RAMSEY JR, J P                     | 1.2 NAME  |   |
| STREET ADDRESS             | RT 1 BOX 288                       | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MICANOPY FL                        | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RAMSEY J.P. III                    | 2.2 NAME  |   |
| STREET ADDRESS             | RT 1 BOX 288                       | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MICANOPY FL                        | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | ST <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RAMSEY CATHERINE                   | 3.2 NAME  |   |
| STREET ADDRESS             | RT 1 BOX 288                       | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MICANOPY FL                        | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 4.2 NAME  |   |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 5.2 NAME  |   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 6.2 NAME  |   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 6.4 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)(k), 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.

SIGNATURE: *J.P. Ramsey, Jr.* 1/20/96 352-376-5710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Even Phone #

CR2E034 (12/95)