

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

95 JUL 25 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # V46810 (0)**

1. Corporation Name  
**RAFTER T LAND & CATTLE COMPANY**

Principal Place of Business Mailing Address  
**250 AUSTRALIAN AVE. SO.  
S-1400  
W PALM BCH. FL 33401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/22/1992** 3a. Date of Last Report **05/20/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For																									
<b>21</b>		<b>26</b>		<b>65-0358504</b>		Not Applicable																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
<b>22</b>		<b>27</b>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No																									
<b>23</b>		<b>28</b>		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent																									
Zip	Country	Zip	Country	<table border="1"> <tr> <td colspan="2">81 Name</td> <td colspan="2">85 Zip Code</td> </tr> <tr> <td colspan="2"><b>24</b></td> <td colspan="2"><b>30</b></td> </tr> <tr> <td colspan="2">Brewer, W. Chester, Jr.</td> <td colspan="2">FL</td> </tr> <tr> <td colspan="2">250 Australian Ave. So.</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">S-1400</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">W Palm Bch. FL 33401</td> <td colspan="2"></td> </tr> </table>				81 Name		85 Zip Code		<b>24</b>		<b>30</b>		Brewer, W. Chester, Jr.		FL		250 Australian Ave. So.				S-1400				W Palm Bch. FL 33401			
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**BREWER, W. CHESTER, JR.  
250 AUSTRALIAN AVE. SO.  
S-1400  
W PALM BCH. FL 33401**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when applicable) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. DENIS, TOM	12 NAME	
STREET ADDRESS	6835 N.W. 73RD LANE	13 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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: Tom St. Denis, Sr. Date: 21 Jul '95  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Tom St. Denis