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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **162706** **(6)**

1. Corporation Name
CATTLE FARMS INC

Principal Place of Business	Mailing Address
1574 HENRY CLAY AVE NEW ORLEANS LA 70118 US	1574 HENRY CLAY AVE NEW ORLEANS LA 70118 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/22/1950

2. Principal Place of Business	2a. Mailing Address
21 #5 Lake Breeze Ct,	26 #5 Lake Breeze Ct
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Kenner LA	City & State 28 Kenner LA
Zip 24 70065 Country 25 USA	Zip 29 70065 Country 30 USA

4. FEI Number 72-6021075 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND PLANTATION FL 33324	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 _____ DATE
Signature, typed or 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CAFFERY, TAYLOR L.		1.2 NAME	
STREET ADDRESS	2431 S ACADIAN THRUWAY, STE 200		1.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DART, STEPHEN P		2.2 NAME	
STREET ADDRESS	PO DRAWER 610		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST FRANCISVILLE LA		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CAFFERY, ELLIE W.		3.2 NAME	
STREET ADDRESS	1574 HENRY CLAY AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS, LA 00000		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BUCK, HARRY H JR		4.2 NAME	
STREET ADDRESS	1305 TERRY WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	FALLSTON MD		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	POWER, MARY B		5.2 NAME	
STREET ADDRESS	3724 BISQUIER DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ANCHORAGE, AK 00000		5.4 CITY-ST-ZIP	
TITLE	SDT	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DART, JOHN JR		6.2 NAME	
STREET ADDRESS	#3 SHADY LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON LA		6.4 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 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: _____

CR2E034 (10/97)