

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

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 MAR 20 PM 1:59

DOCUMENT # P32011 (9)

1. Corporation Name
M & J CATTLE COMPANY

Principal Place of Business: **5575 ALLIGATOR LAKE RD., P.O. BOX 701326, ST CLOUD FL 34770**
Mailing Address: **5575 ALLIGATOR LAKE RD., P.O. BOX 701326, ST CLOUD FL 34770**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/09/1990** 3a. Date of Last Report: **04/20/1994**
4. FEI Number: **31-1313020** 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

2. Principal Place of Business: **N/A** 2a. Mailing Address: **N/A**
21. Suite, Apt. #, etc.: **N/A** 26. Suite, Apt. #, etc.: **N/A**
22. City & State: **N/A** 27. City & State: **N/A**
23. Zip: **N/A** 28. Zip: **N/A** Country: **N/A**
24. Zip: **N/A** 25. Country: **N/A** 29. Zip: **N/A** 30. Country: **N/A**

9. Name and Address of Current Registered Agent
**GRIFFITHS, MORRIS L.
5575 ALLIGATOR LAKE RD
P.O. BOX 701326
ST CLOUD FL 34770**

10. Name and Address of New Registered Agent
B1 Name: **N/A**
B2 Street Address (P.O. Box Number is Not Acceptable): **N/A**
B3 City: **N/A**
B4 State: **FL** B5 Zip Code: **N/A**

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 reconstituting) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRIFFITHS, MORRIS L.
STREET ADDRESS	5575 ALLIGATOR LAKE RD.
CITY- ST- ZIP	ST CLOUD FL
TITLE	VD
NAME	GRIFFITHS, JANET R.
STREET ADDRESS	5575 ALLIGATOR LAKE RD.
CITY- ST- ZIP	ST CLOUD FL
TITLE	S
NAME	HALL, ELIZABETH
STREET ADDRESS	1915 WILSHIRE BLVD.
CITY- ST- ZIP	ASHLAND KY
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	N/A
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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: Janet R. Griffiths 3/18/95
Signature and typed or printed name of signing officer or director
JANET R. GRIFFITHS Daytime Phone #