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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

197895 DOCUMENT #

(6)

CATTLEMENS LIVESTOCK AUCTION MARKET OF TAMPA, IN



	of Business	Mailing Address						
6811 BROADWAY AVE TAMPA FL 33619		6811 BROADWAY AVE TAMPA FL 33619						
					3. Date Incorporated or Qualified 11/28/1956	3a. Date o	of Last Re 28/199	•
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	· L · · · · · ·		Applied For
21		26			59-0792357		_ N	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	Cour 30	ntry	8. This corporation has liability for in Florida Statutes		under s	199.032,
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New R	egistered A	gent	
				81 Name				
	., TOMKOW ARIANA ST			82 Street Add	ress (P.O. Box Number is Not Acceptab	ile)		
LAKELAN				83				
				84 City	-1000	FL	85 Zip	Code
familiar wi	ith, and accept the obligations of Sec Signature typed or printed name of registered spiri	tion 607.0505, Florida Statute	S.	Agent signarine require	and of directors. I hereby accept the appoint	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1, 1 TI	TLF] Change	Addition
TITLE NAME	DAVID L. TOMKOW	☐ DELETE	1, 1 TI 1,2 NA) Change	Addition
	DAVID L. TOMKOW 2412 W ARIANA ST	☐ DELETE	1.2 NA) Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DAVID L. TOMKOW 2412 W ARIANA ST LAKELAND FL		1.2 NA 1.3 ST 1.4 C	AME REEL ADDRESS TY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE	DAVID L. TOMKOW 2412 W ARIANA ST LAKELAND FL SD	☐ DEFEIE	1.2 NA 1.3 S1 1.4 C) 2 1 TI	REEL ADDRESS TY-ST-ZIP DLE			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DAVID L. TOMKOW 2412 W ARIANA ST LAKELAND FL SD MICHAEL TOMKOW		1.2 NA 1.3 S) 1.4 C) 2.1 NA 2.2 NA	AME REEL ADDRESS TY-ST-ZIP DLE AME				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DAVID L. TOMKOW 2412 W ARIANA ST LAKELAND FL SD MICHAEL TOMKOW 16722 PACKING HOUSE RD		1.2 NA 1.3 ST 14 C 2 ^ TF 22 NA 23 ST	ME REEL ADDRESS IY-SI-ZIP DLE AME REET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID L. TOMKOW 2412 W ARIANA ST LAKELAND FL SD MICHAEL TOMKOW		1.2 NA 1.3 ST 14 C 2 ^ TF 22 NA 23 ST	ME REEL ADDRESS TY-SL-ZIP TLE AME REEL ADDRESS TY-SL-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DAVID L. TOMKOW 2412 W ARIANA ST LAKELAND FL SD MICHAEL TOMKOW 16722 PACKING HOUSE RD	☐ DEFEIE	1.2 NA 1.3 ST 14 CC 2 1 TI 22 NA 23 ST 24 CI	ME REELADDRESS IY-SL-ZIP DLE AME REELADDRESS IY-SL-ZIP DLE] Change	Addition
NAME STREET ADDRESS C/TY-ST-ZIP TITLE NAME STREET ADDRESS C/TY-ST-ZIP TITLE	DAVID L. TOMKOW 2412 W ARIANA ST LAKELAND FL SD MICHAEL TOMKOW 16722 PACKING HOUSE RD	☐ DEFEIE	1.2 NA 1.3 SI 1.4 CO 2 h NI 2 2 NA 2 3 ST 2 4 CO 3 1 TO 3 2 NA	ME REELADDRESS IY-SL-ZIP DLE AME REELADDRESS IY-SL-ZIP DLE] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME	DAVID L. TOMKOW 2412 W ARIANA ST LAKELAND FL SD MICHAEL TOMKOW 16722 PACKING HOUSE RD	☐ DELETE	1.2 NA 1.3 S1 1.4 C 2 * 11 2 2 NA 2 3 ST 2 4 CD 3 1 TI 3 2 NA 3 3 S	ME REELADDRESS IY-SL-ZIP DLE AME REELADDRESS IY-SL-ZIP DLE AME			Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS	DAVID L. TOMKOW 2412 W ARIANA ST LAKELAND FL SD MICHAEL TOMKOW 16722 PACKING HOUSE RD	☐ DEFEIE	1.2 NA 1.3 S1 1.4 C 2 * 11 2 2 NA 2 3 ST 2 4 CD 3 1 TI 3 2 NA 3 3 S	ME REELADDRESS TY-ST-ZIP DLE AME REELADDRESS TY-ST-ZIP DLE AME TREELADDRESS TY-ST-ZIP TREELADDRESS TREELADDRESS] Change	Addition
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NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS C-TY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS	DAVID L. TOMKOW 2412 W ARIANA ST LAKELAND FL SD MICHAEL TOMKOW 16722 PACKING HOUSE RD	☐ DELETE	1.2 NA 1.3 S1 1.4 C 2 * 11 2 2 NA 2 3 S1 2 4 Cl 3 1 Tt 3 2 NA 3 3 S 3 4 Cl 4 1 T 4 2 NA 4 3 Si 4 4 Cl 5 1 T	ME REELADDRESS TY-SI-ZIP DLE MME HEELADDRESS TY-SI-ZIP LE MME HEELADDRESS TY-SI-ZIP LE MME HEELADDRESS TY-SI-ZIP HEELADDRESS TY-SI-ZIP HEELADDRESS HY-SI-ZIP HEELADDRESS HY-SI-ZIP			Change	Addition Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	DAVID L. TOMKOW 2412 W ARIANA ST LAKELAND FL SD MICHAEL TOMKOW 16722 PACKING HOUSE RD DADE CITY FL	DELETE	1.2 NA 1.3 SI 14 C 2 * 1II 2 2 NA 2 3 SI 2 4 CI 3 1 TI 3 2 NA 3 3 S 3 4 CI 4 1 T 4 2 NA 4 4 CI 5 1 T 5 2 NA 5 3 S 6 1 T 6 2 NA	AME REEL ADDRESS IY-SI-ZIP DLE MME REEL ADDRESS IY-SI-ZIP DLE MME TREEL ADDRESS IY-SI-ZIP JULE AME HEEL ADDRESS IT-SI-ZIP HEEL ADDRESS IT-SI-ZIP HEEL ADDRESS IT-SI-ZIP THEEL ADDRESS AME			Change Change	Addition Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	DAVID L. TOMKOW 2412 W ARIANA ST LAKELAND FL SD MICHAEL TOMKOW 16722 PACKING HOUSE RD DADE CITY FL	DELETE	1.2 NA 1.3 S1 14 C: 2 * 11 22 NA 23 S1 24 C1 3 1 T1 32 NA 33 S 34 C1 4.1 T 4.2 NA 4.3 S1 4.4 C1 5.1 T 5.2 NA 5.3 S 5.4 C1 6.1 T 6.2 NA 6.3 S	ME REEL ADDRESS IY-SI-ZIP DLE MME REEL ADDRESS IY-SI-ZIP DLE MME REEL ADDRESS IY-SI-ZIP TILE AME RHEEL ADDRESS IY-SI-ZIP TILE AME RHEEL ADDRESS ITY-SI-ZIP TILE AME RHEEL ADDRESS ITY-SI-ZIP TILE THEEL ADDRESS THEEL ADDRESS			Change Change	Addition Addition Addition

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: Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96 Daytine Ptone #