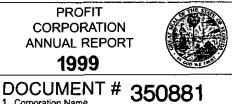
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 30, 1999 8:00 am **Secretary of State**

03-30-1999 90027 019 ***150.00

FILED

DIAMOND H CATTLE CO., INC. Principal Place of Business Mailing Address 4050 NE 366 TRAIL 4050 NE 366 TRAIL OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/18/1969 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 26 59-1270853 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HAIR JR,G W Street Address (P.O. Box Number is Not Acceptable) 4050 NE 366 TRAIL **OKEECHOBEE FL 34972** 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition ☐ Change TITLE ☐ DELETE 1.1 TITLE GRUGEL, DONNA 1.2 NAME NAME 4070 NE 366 TR 1.3 STREET ADDRESS STREET ADDRESS OKEECHOBEE FI 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME HAIR. JR G W 4050 N.E. 366 TR. 2.3 STREET ADDRESS STREET ADDRESS OKEECHOBEE FL 2.4 CITY-ST-ZiP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE HAIR III. G W 3.2 NAME NAME 4090 N.E. 366 TR. 3.3 STREET ADDRESS STREET ADDRESS OKEECHOBEE FL 3.4. CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition DELETE ππε 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 suppliemental 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 conformation 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

CR2E034 (11/98