2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90184 007 ***150.00

DOCUMENT # 466784

1. Entity Name
MCKETHAN CATTLE CORP.

Principal Place of Business	Mailing Address
US HWY. 98, NO. ~~BOX 1030~~ BROOKSVILLE FL 34605 US	P.O. BOX 4444 HOMOSASSA SPGS. FL 34447 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
U.S. Hwy 98 N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Brooksville, FL		City & State	
Zip: 34605	Country	Zip	Country

4. FEI Number 59-1566000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCKETHAN, JOHN H
~~448 SW 1ST PLACE~~
~~CRYSTAL RIVER FL 34489~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 5749 W. Hunters Ridge Circle
City Lecanto FL Zip Code 34461

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [signature] John Hale McKethan 1-31-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKETHAN, JOHN H ~~448 SW 1ST PLACE~~ ~~CRYSTAL RIVER FL 34489~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5749 W. Hunters Ridge Circle Lecanto, FL 34461	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARSON, BOMAR ~~8480 W HOMOSASSA TRAIL~~ ~~HOMOSASSA FL 34447~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1075 N. Carney Avenue Lecanto, FL 34461-9739	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] John Hale McKethan, President 352-628-6443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #