

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Kathleen B. Marchant
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # 480221

(1)

1. Corporation Name

KNIGHT CATTLE COMPANY, INC.

Principal Place of Business

Mailing Address

**5525 MT. PISGAH RD.
FT MEADE FL 33841**

**5525 MT. PISGAH RD.
FT MEADE FL 33841**

Do Not Write In This Space

3. Date Incorporated or Reincorporated

07/08/1975

3a. Date of Last Report

07/19/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Street Address

Street Address

City & State

City & State

23

28

City

City

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNIGHT, HELEN L
5525 MT. PISGAH RD.
FT MEADE FL 33841**

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 607.06(1) and 607.15(1)(b) 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 607.06(1)(b) Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is Not Acceptable)

Signature of Registered Agent (If Registered Agent is Not Acceptable)

AT

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)

NAME	P KNIGHT, HELEN L 5525 MT. PISGAH RD FT MEADE FL
STREET ADDRESS	
CITY & STATE	
NAME	V KNIGHT, JOHN A. 5700 MT. PISGAH RD. FORT MEADE FL
STREET ADDRESS	
CITY & STATE	
NAME	ST KNIGHT, HELEN L. 5525 MT. PISGAH RD. FORT MEADE FL
STREET ADDRESS	
CITY & STATE	
NAME	D GRANT, WILBUR H. ROUTE 6, BOX 4615 ARCADIA FL
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	

NAME		☐ Change ☐ Addition
STREET ADDRESS		
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STREET ADDRESS		
CITY & STATE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is truthful, furnished and checked equally for the exemption stated in Section 607.06(1)(b) Florida Statutes. I further certify that the information included in 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 registered agent or a person who is authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, or Block 13 of this document, or in an affidavit attached to this filing.

SIGNATURE:

Helen L. Knight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-95

913-375-4406