FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Jun 20 1997 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS Secretary of State **DOCUMENT #** KNIGHT CATTLE COMPANY, INC. Principal Place of Business Mailing Address 5525 MT.PISGAH RD. 5525 MT.PISGAH RD. FT MEADE FL 33841 FT MEADE FL 33841 Principal Place of Business 2a. Malling Address Number 59-1614879 Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zlp Country 8. This corporation has liability for intangible tax under s 199,032, Country 24 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KNIGHT, HELEN L 82 Street Address (P.O. Box Number is Not Acceptable) 5525 MT.PISGAH RD. FT MEADE FL 33841 83 84 City 85 Zip Code 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Addition 1 1 TITLE Change KNIGHT, HELEN L NAME 1.2 NAME 5525 MT PISGAH RD STREET ADDRESS 1.3 STREET, ADDRESS FT MEADE FL CITY-ST-ZIP 1.4 CITY-\$1-ZIP DELETE ☐ Addition 2 1 THILE Change TITLE KNIGHT, JOHN A. NAME 2.2 NAME 5700 MT.PISGAH RD. STREET ADDRESS 23 STREET ADDRESS FORT MEADE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3. 1 TITLE TITLE Change ☐ Addition KNIGHT, HELEN L. NAME 3.2 NAME 5525 MT.PISGAH RD. STREET ADDRESS 3.3. STREET ADDRESS FORT MEADE FL CITY-ST-ZIP 3.4 CITY-ST-7IP DELETE TITLE 4. 1 TITLE GRANT, WILBUR H. NAME 4.2 NAME ROUTE 6, BOX 4615 STREET ADDRESS 4.3 STREET ADDRESS ARCADIA FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5. 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 800002219878 -06/23/97--01099--024 TiTLE T DELETE 6. 1 TITLE [] Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 119.07(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.

6-7-97 941-375-4466 Date Destrict Phone #