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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 506756 1. Corporation Name

G & E CATTLE COMPANY

Principal Place	e of Business	Mailing Address			_	T INDIAN DENIC MANIN MINER (A	IND) BING BIN BING		1011 W1013 1461	
6718 SIMMONS LOOP 6718 SIMMONS LOOP					-					
RIVERVIEW FL 33569 RIVERVIEW FL 33569										
THE COURT IS SOURCE TO SOURCE THE						DO NOT WRITE IN THIS SPACE				
					3	Date Incorporated or Qua	lifed			
						07/01/1976				
2. Principal Pl	lace of Business	2a. Mailing Address				, FEI Number		Apr	plied For	
21		26				59-1697133	-	Not	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desire	ed 🗆	\$8.75 ∧	4	
22 27		27				5. Certificate of Otalus Desire		Fee Red	quired	
City & State	e	City & State				3. Election Campaign Finance	cing 🗆	\$5.00	May Be	
23		28				Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Country	У		3. This corporation owes the	current year 1			
24	25	29	30			Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Cui	rrent Registered Agent			1	0. Name and Address of N	ew Registere	d Agent		
	= 050005		81	Name	е					
SIMMONS, E. GEORGE 6718 SIMMONS LOOP		82	2 Street	et Address	t Address (P.O. Box Number is Not Acceptable)					
1	RVIEW FL 33569		83	 			rigidal Garage	. Fra 16 8.3.4	NA 443 14	
			**			19. 经营业 14.11	声歌劇場			
			84	City			F	_` ′ 85 Zip C	Code	
		0502 and 607.1508, Florida Statute		1		on submits this statement fo			registered	
I 11, Pursuant	to the provisions of Sections 607, registered agent, or both, in the St	0502 and 607.1508, Florida Statute	es, trie abov	re-manneu	tu corporati	beard of diseases. I horobus	accont the ann	ointment as rec	ristered	
l office or n	egistered agent, or both, in the St im familiar with, and accept the ob	ate of Florida, Such change was all digations of, Section 607.0505, Flor	rida Statute:	/ tne corp	rporation's	board of directors. I neverly	accept the app	· ·	31310100	
office or nagent. Fail	m familiar with, and accept the ob	aligations of, Section 607.0505, Flot	nda Statute:	the corps.	rporations	board of directors. Thereby		· ·		
office or n agent. I a	m familiar with, and accept the ob-	digations of, Section 607.0505, Fiolity agent and title if applicable. (NOTE:	Registered Age	the corps.	rporations	n reinstating)	DATE			
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office or nagent. I as SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS	digations of, Section 607.0505, Fiolity agent and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE	tine corp s. ant signature	rporations	n reinstating)	DATE			
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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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90065 023 ***150.00