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FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 557897 (6)
 1. Corporation Name
THE 2-P CATTLE COMPANY



Principal Place of Business: **1005 LYLE PARKWAY BARTOW FL 33830**
 Mailing Address: **1005 LYLE PARKWAY BARTOW FL 33830-9254**

3. Date Incorporated or Qualified: **01/24/1978**
 3a. Date of Last Report: **03/25/1996**
 4. FEI Number: **59-1801901**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt. #, etc.:
 City & State:
 Zip Country

9. Name and Address of Current Registered Agent
BOSWELL, C.A. JR.
190 E DAVIDSON ST
BARTOW FL

10. Name and Address of New Registered Agent
 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 607.0502 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: _____ DATE: _____
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ROTH, JOHN
STREET ADDRESS	6202 MILES FARM ROAD
CITY-ST-ZIP	PLANT CITY FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	POLK, DOROTHY L.
STREET ADDRESS	1005 LYLE PKWY.
CITY-ST-ZIP	BARTOW FL
TITLE	VDT <input type="checkbox"/> DELETE
NAME	MOORE, DIANE L.
STREET ADDRESS	628 E. BAY ST.
CITY-ST-ZIP	WAUCHULA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	ROTH, CLARICE L.
STREET ADDRESS	6202 MILES FARM ROAD
CITY-ST-ZIP	PLANT CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MOORE, KENNETH I
STREET ADDRESS	628 EAST BAY STREET
CITY-ST-ZIP	WAUCHULA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Diane Polk Moore DATE: 1/10/97 941-773-6889
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)