

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4144 West Main Street Suite, Apt. #, etc. 22 Wauchula, FL City & State 23 Wauchula, FL Zip 24 33873 Country 25 USA	2a. Mailing Address 26 P.O. Box 907 Suite, Apt. #, etc. 27 City & State 28 Wauchula, FL Zip 29 33873 Country 30 USA
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3. Date Incorporated or Qualified 01/24/1978	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1801901	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 607.0602 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	D ROTH, JOHN 6202 MILES FARM ROAD PLANT CITY FL	<input type="checkbox"/> DELETE	
	PD POLK, DOROTHY L. 1005 LYLE PKWY. BARTOW FL	<input checked="" type="checkbox"/> DELETE	
	VDT MOORE, DIANE L. 628 E. BAY ST. WAUCHULA FL	<input type="checkbox"/> DELETE	E, D, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	SD ROTH, CLARICE L. 6202 MILES FARM ROAD PLANT CITY FL	<input type="checkbox"/> DELETE	V, S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D MOORE, KENNETH I 628 EAST BAY STREET WAUCHULA FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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.

SIGNATURE: *Diane Moore, Director, Moore, Vice President 4/6/98 941-993-6889*

CR2E034 (10/97)