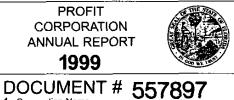
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

THE 2-P CATTLE COMPANY

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90111 025 ***150 00

A NEBORA BORA RAKA TERRA KENCA MENA MENA MENA PARA BORA BURA BORA BURA BORA BURA BORA BORA BORA BORA BORA

Mailing Address Principal Place of Business 4144 WEST MAIN STREET P O BOX 907 WAUCHULA FL 33873 WAUCHULA FL 33873 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/24/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1801901 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes the current year Intangible Zio Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BOSWELL, C.A. JR. 82 Street Address (P.O. Box Number is Not Acceptable) 190 E DAVIDSON ST BARTOW FL 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ DELETE 1.1 TITLE Change TITLE ROTH, JOHN 1.2 NAME NAME 6202 MILES FARM ROAD 1.3 STREET ADDRESS STREET ADDRESS PLANT CITY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE TITLE 2.1 TITLE MOORE, DIANE L. 2.2 NAME NAME 628 E. BAY ST. STREET ADDRESS 2.3 STREET ADDRESS WAUCHULA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition ☐ DELETE ☐ Change 3.1 TITLE VSD TITLE ROTH: CLARICE L. 3.2 NAME NAME 6202 MILES FARM ROAD 3.3 STREET ADDRESS STREET ADDRESS PLANT CITY FL 3.4, CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE MOORE, KENNETH I 4. 2 NAME NAME **628 EAST BAY STREET** 4.3 STREET ADDRESS STREET ADDRESS WAUCHULA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 62 NAME NAME

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

C/TY-ST-ZIP

CR2E034 (11/98)