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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 662687 (3)

1. Corporation Name

C & J CATTLE CO., INC.



Principal Place of Business

Mailing Address

14775 HIGHWAY 441 NORTH
OKEECHOBEE FL 34972-8560

14775 HIGHWAY 441 NORTH
OKEECHOBEE FL 34972-8560

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, CADAR M.
14775 HIGHWAY 441 NORTH
OKEECHOBEE FL 33472

81 Name Lee, Joann Rucks

82 Street Address (P.O. Box Number is Not Acceptable)
14775 Hwy. 441 North

83

84 City Okeechobee

FL 85 Zip Code 34972

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: Joann Rucks Lee

Joann Rucks Lee 2/26/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME LEE, CADAR M.
STREET ADDRESS 14775 HWY. 441 NORTH
CITY-ST-ZIP OKEECHOBEE FL

TITLE VSD
NAME LEE, JOANN RUCKS
STREET ADDRESS 14775 HWY. 441 NORTH
CITY-ST-ZIP OKEECHOBEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE President
2.2 NAME Lee, Joann Rucks
2.3 STREET ADDRESS 14775 Hwy. 441 North
2.4 CITY-ST-ZIP Okeechobee FL 34972

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Joann Rucks Lee

Joann Rucks Lee 2/26/96 941-763-4377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)