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

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 09 1998 8:00am Secretary of State

1. Corporatio	MENT # 662687 CATTLE CO., INC.	7 (3)			
Principal Place of Business		Mailing Address	2071		•
14775 HIGHWAY 441 NORTH OKEECHOBEE FL 34972-8560		14775 HIGHWAY 441 NORTH OKEECHOBEE FL 34972-8560			
				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
				05/21/1980	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc		26		59-2003150	Not Applicable
22 Suite, Apr.	#, etc	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Ζφ	Country	8. This corporation owes or has paid the or	urrent year Intangible X Yes No
24	9, Name and Address of Curren	29 It Registered Agent	[30]	Personal Property Tax due June 30. 10. Name and Address of New Registered	
LE	E. JOANN RUCKSQ		81 Name		
14775 HWY 441 NORTH			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
OKEECHOBEE FL 34972			83		
			63		
			84 City	FI	85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig.	2 and 607.1508, Florida Statu of Florida Such change was nicus of, Section 607.0505, F	ites, the above-named corp authorized by the corpora forida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered oppointment as registered
SIGNATURE	Sylatere, typed or present name of registered age	Jee	OTE Registered Agent signature requi	ired when reinstating)	2/98
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	P	DELETE.	1.1 TITLE		Change Addition
NAME	LEE, JOANN RUCKS 14775 HWY. 441 NORTH		1.2 NAME		
STREET ADDRESS	OKEECHOBEE FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	OTELOTIONEE TE	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition
NAME	}		22 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TOTLE		☐ DELETE	3.1 TITLE	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME		[] bett te	4.1 TITLE 4.2 NAME		E Paulion
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHTY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		}
STREET ADDRESS			6.3 STREET ADDRESS		
CfTY+ST+ZIP	catily that the information supplied w	th this filing does not qualify	for the exemption stated in	Section 119 07/3Vi) Florida Statutes I further of	portify that the information

• I nereby certify that the information supplied with this tilling 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 suppliemental 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:

many Ruce

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3/2/98 9/27634377