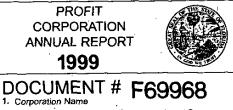
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90287 047 ***150.00

GRIFFIN CATTLE COMPANY, INC. Mailing Address Principal Place of Business % J. RICHARD GRIFFIN % J. RICHARD GRIFFIN 1900 E.F. GRIFFIN ROAD 1900 E.F. GRIFFIN ROAD DO NOT WRITE IN THIS SPACE BARTOW FL 33830 BARTOW FL 33830 3. Date Incorporated or Qualifed 03/08/1982 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2823492 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. . 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible XNo ☐ Yes Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GRIFAN, J RICHARD Street Address (P.O. Box Number is Not Acceptable) 1900 E F GRIFFIN RD BARTOW FL 33830 83 Zip Code 85 84 City 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 CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change [] DELETE 1.1 TITLE TITLE M GRIFFIN, WILLIAM M 1.2 NAME NAME 4515 PION NONO AVE 1.3 STREET ADORESS STREET ADDRESS MACON GA 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 2.1 TITLE TITLE GRIFFIN, J RICHARD-2.2 NAME NAME 2201 E.F. GRIFFIN RD. 2.3 STREET ADDRESS STREET ADDRESS BARTOW FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE MLE 3.1 TITLE GRIFFIN, EMMETT F 3.2 NAME NAME 5272 WATERWPOD DRIVE 3.3 STREET ADDRESS STREET ADDRESS BARTOW FL 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 1m F 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TIME TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 1 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 of powered 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 a address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP