FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.RICHARD GRIFFIY

Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # F69968** GRIFFIN CATTLE COMPANY, INC. 04-02-2001 90088 033 ***150.00 Principal Place of Business Mailing Address % J. RICHARD GRIFFIN % J. RICHARD GRIFFIN 1900 E.F. GRIFFIN ROAD 1900 E.F. GRIFFIN ROAD BARTOW FL 33830 BARTOW FL 33830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2823492 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent= GRIFAN, J RICHARD Street Address (P.O. Box Number is Not Acceptable) 1900 E F GRIFFIN RD BARTOW FL 33830 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete ☐ Change NAME NAME GRIFFIN, WILLIAM M STREET ADDRESS STREET ADDRESS 4515 PION NONO AVE CITY-ST-ZIP CITY-ST-ZIP MACON GA TITLE ☐ Delete TITLE ☐ Change Addition STD NAME GRIFFIN, J RICHARD STREET ADDRESS STREET ADDRESS 2201 E.F. GRIFFIN RD. CITY-ST-ZIP CITY-ST-ZIP **BARTOW FL** Delete TITLE " Change " Addition NAME NAME GRIFFIN, EMMETT F STREET ADDRESS STREET ADDRESS 5272 WATERWPOD DRIVE CITY-ST-ZIP CITY-ST-ZIP BARTOW FL TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if