FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G11768** **(0)**

1. Corporation Name

NORTH AMERICA LIVESTOCK, INC.

Principal Place of Business	Mailing Address
4 SE FT KING ST ONE EAST FOURTH ST., 8TH FLOOR CINCINNATI OH 45202 US	%THOMAS E. MISCHELL ONE EAST FOURTH ST., 8TH FLOOR CINCINNATI OH 45202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/03/1982

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 **21 N. Magnolia Avenue**

Suite, Apt. #, etc.
22 **200**

City & State
23 **Ocala FL**

Zip 24 **34475** Country 25 **US**

2a. Mailing Address
26

Suite, Apt. #, etc.
27 **800**

City & State
28

Zip 29 Country 30

4. FEI Number **59-2242125** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEIBEE, RICHARD D
4 S.E. FORT KING ST.
OCALA FL 32678

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE		☒ Change ☐ Addition
NAME	LEIBEE, RICHARD D	12 NAME		
STREET ADDRESS	4 S.E. FORT KING ST.	13 STREET ADDRESS	21 N. Magnolia Avenue, Suite 200	
CITY-ST-ZIP	OCALA, FL 00000	14 CITY-ST-ZIP	Ocala FL 34475	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	LARSON, DONALD D	22 NAME		
STREET ADDRESS	580 WALNUT ST.	23 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	24 CITY-ST-ZIP	Cincinnati OH 45202	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	YERANT, GENE S.	32 NAME		
STREET ADDRESS	4100 HARRY HINES BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	34 CITY-ST-ZIP	Dallas TX 75219	
TITLE	DS	41 TITLE		☒ Change ☐ Addition
NAME	HORRELL, KAREN HOLLEY	42 NAME		
STREET ADDRESS	580 WALNUT ST.	43 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	44 CITY-ST-ZIP	Cincinnati OH 45202	
TITLE	V	51 TITLE		☒ Change ☐ Addition
NAME	STANDLEE, KENDALL	52 NAME		
STREET ADDRESS	4 S.E. FORT KING ST.	53 STREET ADDRESS	21 N. Magnolia Avenue, Suite 200	
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP	Ocala FL 34475	
TITLE	AT	61 TITLE		☒ Change ☐ Addition
NAME	MISCHELL, THOMAS E.	62 NAME		
STREET ADDRESS	ONE EAST FOURTH ST.	63 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	64 CITY-ST-ZIP	Cincinnati OH 45202	

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)(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.

SIGNATURE: Thomas E. Mischell — Assistant Treasurer 4/18/95 (513) 579-2171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas E. Mischell

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G11768

NORTH AMERICA LIVESTOCK, INC.
FEIN: 59-2242125
1995 FLORIDA ANNUAL REPORT
ADDITIONAL OFFICERS & DIRECTORS

ASSISTANT TREASURER
FRED J. RUNK
ONE EAST FOURTH STREET
CINCINNATI, OH 45202

ASSISTANT SECRETARY
PATRICIA C. CLARK
21 N. MAGNOLIA AVENUE, SUITE 200
OCALA, FL 34475

ASSISTANT SECRETARY
RONALD C. HAYES
580 WALNUT STREET
CINCINNATI, OH 45202

ASSISTANT SECRETARY
EVE CUTLER ROSEN
580 WALNUT STREET
CINCINNATI, OH 45202

ASSISTANT VICE PRESIDENT
MICHAEL J. SCHULZE
580 WALNUT STREET
CINCINNATI, OH 45202

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