

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H80238** (9)

1. Corporation Name

H. P. CATTLE FEEDING CORP.

Principal Place of Business

**ONE SUNROOF CENTER
SOUTHGATE MI 48195**

Mailing Address

**ONE HERITAGE PLACE
SUITE 400
SOUTHGATE MI 48195
US**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

10/10/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2595181

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

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 607.1506, 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

Signature (typed or printed name of registered agent and that of applicant)

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

PD

NAME

PRECHTER, HEINZ C

STREET ADDRESS

**ONE HERITAGE PL., SUITE 400
SOUTHGATE MI**

CITY-STATE-ZIP

TITLE

T

NAME

TREADWELL, DAVID L.

STREET ADDRESS

**ONE HERITAGE PL., SUITE 400
SOUTHGATE MI**

CITY-STATE-ZIP

TITLE

S

NAME

KOENIG, LORI

STREET ADDRESS

**ONE HERITAGE PL., SUITE 400
SOUTHGATE MI**

CITY-STATE-ZIP

TITLE

S

NAME

KOENIG, LORI

STREET ADDRESS

**ONE HERITAGE PL., SUITE 400
SOUTHGATE MI**

CITY-STATE-ZIP

TITLE

S

NAME

KOENIG, LORI

STREET ADDRESS

**ONE HERITAGE PL., SUITE 400
SOUTHGATE MI**

CITY-STATE-ZIP

TITLE

S

NAME

KOENIG, LORI

STREET ADDRESS

**ONE HERITAGE PL., SUITE 400
SOUTHGATE MI**

CITY-STATE-ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

(313) 246-0202

Date

Daytime Phone #

CR2E034 (12/95)