


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

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Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K01692** (8)

1. Corporation Name
K & S CATTLE COMPANY, INC.

Principal Place of Business
**8621 M.L. KING BLVD. E.
TAMPA FL 33602**

Mailing Address
**8621 M.L. KING BLVD. E.
TAMPA FL 33610-7305**



3. Date Incorporated or Qualified **11/09/1987** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 9625 ALONZO ROAD		26 P.O. Box 76009		65-0010845		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23 RIVERVIEW		28 TAMPA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country	
24 FL		25 33569		29 FL		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SWOPE, DALE M., P.A. ONE HARBOUR PLACE, SUITE 850 777 SOUTH HARBOUR ISLAND BLVD. TAMPA FL 33602		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, C.W., SR.	1.2 NAME	
STREET ADDRESS	8621 E. BUFFALO AVE	1.3 STREET ADDRESS	9625 ALONZO RD
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	RIVERVIEW FL 33569
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, C.W., JR.	2.2 NAME	
STREET ADDRESS	8621 E. BUFFALO AVE	2.3 STREET ADDRESS	9625 ALONZO RD
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	RIVERVIEW FL 33569
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, JOANNE	3.2 NAME	
STREET ADDRESS	8621 E. BUFFALO AVE	3.3 STREET ADDRESS	9625 ALONZO ROAD
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, BRYAN	4.2 NAME	
STREET ADDRESS	8621 E. BUFFALO AVE	4.3 STREET ADDRESS	9625 ALONZO ROAD
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	RIVERVIEW FL 33569
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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: _____ DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)