

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L12783 (1)

1. Corporation Name

THOMAS CATTLE BUYERS, INC.

Principal Place of Business

Mailing Address

500 EAST UNIVERSITY AVENUE, SUITE A
P.O. DRAWER 2759
GAINESVILLE FL 32602-9759

500 EAST UNIVERSITY AVENUE, SUITE A
P.O. DRAWER 2759
GAINESVILLE FL 32602-2759
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

3. Date Incorporated or Qualified

08/29/1989

3a. Date of Last Report

04/13/1995

4. FEI Number

59-2967532

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

SALZMAN, ANTHONY J.
500 E. UNIVERSITY AVE., SUITE #A
GAINESVILLE FL 32602

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	THOMAS, RONNIE S	PO BOX 426 HWY 316 N/A	WILLISTON FL	<input type="checkbox"/>
VD	BELLAMY, BURTON W	RT 2 BOX 1955	WILLISTON FL	<input type="checkbox"/>
VD	MCKETTRICK, CARL	4170 N COWPOKE POINT	INVERNESS FL	<input type="checkbox"/>
STD	THOMAS, COLLEEN B	PO BOX 426 HWY 316 N/A	WILLISTON FL	<input type="checkbox"/>
VD	RICHARDSON, STEVEN	403 W PALM AVENUE	BUSHNELL FL	<input type="checkbox"/>
	See attached list			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-96

(352)

528-4518

CR2E034 (12/95)

2 of 2

ARTHUR MARTINEZ VD
RT. 3, BOX 318
WILLISTON, FL 32696

JOHN BELLAMY VD
2350 NE 150TH AVE.
WILLISTON, FL 32696

ERIC MARTINEZ VD
RT. 3, BOX 318
WILLISTON, FL 32696

ROBERT MCKETTRICK VD
RT. 2, BOX 1955
WILLISTON, FL 32696

JENNIFER HOYLES VD
19103 NW 138TH AVE.
ALACHUA, FL 32615