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

FILED
Jun 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # L12783 (1)

1. Corporation Name
THOMAS CATTLE BUYERS, INC.

[redacted]

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

3. Date Incorporated or Qualified: 08/29/1989
3a. Date of Last Report: 04/16/1997

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

9. Name and Address of Current Registered Agent

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

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	PD ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, RONNIE S	1.2 NAME	
STREET ADDRESS	PO BOX 426 HWY 316 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BELLAMY, BURTON W	2.2 NAME	
STREET ADDRESS	RT 2 BOX 1955	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCKETTRICK, CARL	3.2 NAME	
STREET ADDRESS	4170 N COWPOKE POINT	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	4.1 TITLE	PD ☒ Change ☐ Addition
NAME	THOMAS, COLLEEN B	4.2 NAME	
STREET ADDRESS	PO BOX 426 HWY 316 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	4.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, STEVEN	5.2 NAME	200002551662 -06/08/98--01107--041 ***150.00
STREET ADDRESS	403 W PALM AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL	5.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ARTHUR MARTINEZ	6.2 NAME	
STREET ADDRESS	RT 3 BOX 318	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	6.4 CITY-ST-ZIP	

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.

(352) 528-

CR2F034 (9/96)