2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003400

1. Entity Name
TRI-STATE CATTLEMEN'S COOPERATIVE
ASSOCIATION, INC.

Principal Place of Business	Mailing Address
516 W. WHITE AVE. GRACEVILLE, FL 32440	516 W. WHITE AVE. GRACEVILLE, FL 32440

DO NOT WRITE IN THIS SPACE

01152004 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-3728597	Not Applicable

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

6. Name and Address of Current Registered Agent

PEACOCK, BILL
516 W. WHITE AVE.
GRACEVILLE, FL 32440

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _Bill Peacock_

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

DATE 3-25-04

**Filing Fee is $61.25
Due by May 1, 2004**

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

U000000099269
03/30/04-80006-020 61.25

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ADAMS, MELVIN
STREET ADDRESS	324 BENCHOFF RD.
CITY-ST-ZIP	GRACEVILLE, FL 32440

TITLE	D
NAME	PEACOCK, BILL
STREET ADDRESS	3391 HWY. 73
CITY-ST-ZIP	MARIANNA, FL 32446

TITLE	D
NAME	PADGETT, JOHN
STREET ADDRESS	1825 SPRING LAKE TRAIL
CITY-ST-ZIP	MARIANNA, FL 32446

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _Bill Peacock_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-25-04   Daytime Phone # 1-850-482-4513