FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
May 12 1997 8:00am
Secretary of State

700002187107
-05/21/97--01109--009
***61.25

DOCUMENT #

1. Corporation Name
Madison County Beef Cattlemen's Association
N96000001001

Principal Place of Business	Mailing Address
Madison County, FL.	900 College Drive Madison, Fl. 32340-1426

3. Date Incorporated or Qualified: 2/23/96
3a. Date of Last Report: 2/23/96

2. Principal Place of Business	2a. Mailing Address
21 Madison County, Fl.	26 900 College Dr. Madison, Fl. 32340
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Madison, Fl.	28 City & State: Madison, Fl.
24 Zip: 32340-1426 25 Country: USA	29 Zip: 32340-1426 30 Country: USA

4. FEI Number: ~~N96000001001~~ ☐ 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

Dr. John Lewis
404 North Range St.
Madison, Fl. 32340

10. Name and Address of New Registered Agent

81 Name: William Thompson
82 Street Address (P.O. Box Number is Not Acceptable): ~~900 College Drive~~
83: 300 S.W. Rutledge St.
84 City: Madison FL 85 Zip Code: 32340

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: William B. Thompson President — 4/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. (1996) OFFICERS AND DIRECTORS			13. (1997) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	State Director Archie Davis Rt. 1 Box 2500 Lee, Fl. 32059	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	State Director Dr. John Lewis 404 N. Range St. Madison, Fl. 32340	Director ☑ Change ☐ Addition C.R. Fields Rt. 1 Box 204 Pinetta, Fl. 32350
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Dr. John Lewis 404 N. Range St. Madison, Fl. 32340	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President William Thompson 300 S.W. Rutledge St. Madison, Fl. 32340	Director ☑ Change ☐ Addition Daniel Douglas Rt. 1 Box 445 Madison, Fl. 32340
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st Vice President William Thompson 300 S.W. Rutledge St. Madison, Fl. 32340	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	1st Vice President Phillip Howell Rt. 1 Box 725 Madison, Fl. 32340	Director ☑ Change ☐ Addition Payne Midyette Rt. 3 Box 142 Greenville, Fl. 32331
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd Vice President Phillip Howell Rt. 1 Box 725 Madison, Fl. 32340	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	2nd Vice President Leonard Hatfield RR1 Box 134 D Pinetta, Fl. 32350-9716	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Leonard Hatfield RR1 Box 134 D Pinetta, Fl. 32350-9716	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Treasurer Kenneth McLeod 1317 W. Base St. Madison, Fl. 32340	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Kenneth McLeod 1317 W. Base St. Madison, Fl. 32340	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Secretary Margaret Houston RR 3 Box 2088 Madison, Fl. 32340-9550	☑ Change ☐ Addition CS 5/12/97

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth McLeod — 4/15/97 — (904) 973-6335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kenneth McLeod Treasurer