2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # P0000039411 1. Entity Name 04-20-2001 90176 031 ***150.00 3-M CATTLE COMPANY, INC. Principal Place of Business Mailing Address 2357 N.W. 46TH AVENUE 2357 N.W. 46TH AVENUE OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable 59-3647929 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- - 6.-Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent ----MCWHORTER, DONALD R Street Address (P.O. Box Number is Not Acceptable) 2357 N.W. 46TH AVENUE **OKEECHOBEE FL 34972** Zip Code 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. Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Addition TIME TITLE ☐ Delete MAME MCWHORTER, DONALD R NAME STREET ADDRESS STREET ADDRESS 2357 N.W. 46TH AVENUE CITY-ST-ZIP CITY-ST-ZIP OKEECHO8EE FL 34972 ☐ Addition ☐ Delete MLE ☐ Change TITLE VD NAME MCWHORTER, JACK NAME STREET ADDRESS 1003 S.W. 9TH STREET STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete Addition TITLE TITLE NAME MCWHORTER, VIRGINIA NAME STREET ADORESS STREET ADDRESS 1003 S.W. 9TH STREET CITY-S7-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dalete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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13. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Donald R. McWhorter

4-16-01

863-763-2582