2004 FOR PROFIT CORPORATION

Aug 02, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P03000085031** 1. Entity Name 08-02-2004 90008 049 ***150 00 TRIPLE DIAMOND J CATTLE COMPANY, INC. Principal Place of Business Mailing Address 5075 SW RUCKS DAIRY ROAD POST OFFICE BOX 967 OKEECHOBEE, FL 34973-0967 OKEECHOBEE, FL 34974 2. Principal Place of Business 3. Mailing Address Avenue PO BOX 967 Suite, Apt. #, etc. Suite, Apt. #, etc. 07102004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For okeechobee, Fr Oktechobee. 20-01331 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEAN MEAD SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 800 N. MAGNOLIA AVENUE **SUITE 1500** ORLANDO, FL 32803 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE ☐ Change Addition Rachel Bartlett NAME MAME 9548 Pebble Glen Avenue STREET ADDRESS STREET ADDRESS 4 CITY-ST-ZIP CITY-ST-ZIP Tanupa, FL 33613 TITLE ☐ Delete TITLE ☐ Change ■ Addition Margaret Bartlett NAME NAME 650 Lakewood Drive, #60 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Brandon, FL ☐ Delete Change TETLE ☐ Addition TITLE Nilliam Bartlett NAME NAME STREET ADDRESS STREET ADDRESS 34973 CITY-ST-ZIP CITY-ST-ZIP okeechobee Fi ☐ Delete TITLE ☐ Change ☐ Addition TITLE Ratie Bartlett NAME NAME PO BOX 967 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP okeechobee. Fl Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

> 68-0317 Daytime Phone #

FILED