

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
**SECRETARY OF STATE**  
**(DIVISION OF CORPORATIONS)**

**95 MAR 20 PM 1:59**

**DOCUMENT # P32011 (9)**

1. Corporation Name  
**M & J CATTLE COMPANY**

Principal Place of Business: **5575 ALLIGATOR LAKE RD., P.O. BOX 701326, ST CLOUD FL 34770**  
Mailing Address: **5575 ALLIGATOR LAKE RD., P.O. BOX 701326, ST CLOUD FL 34770**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/09/1990**      3a. Date of Last Report: **04/20/1994**  
4. FEI Number: **31-1313020**      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

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

9. Name and Address of Current Registered Agent  
**GRIFFITHS, MORRIS L.  
5575 ALLIGATOR LAKE RD  
P.O. BOX 701326  
ST CLOUD FL 34770**

10. Name and Address of New Registered Agent  
B1 Name: **N/A**  
B2 Street Address (P.O. Box Number is Not Acceptable): **N/A**  
B3 City: **N/A**  
B4 State: **FL**      B5 Zip Code: **N/A**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>GRIFFITHS, MORRIS L.</b>
STREET ADDRESS	<b>5575 ALLIGATOR LAKE RD.</b>
CITY- ST- ZIP	<b>ST CLOUD FL</b>
TITLE	<b>VD</b>
NAME	<b>GRIFFITHS, JANET R.</b>
STREET ADDRESS	<b>5575 ALLIGATOR LAKE RD.</b>
CITY- ST- ZIP	<b>ST CLOUD FL</b>
TITLE	<b>S</b>
NAME	<b>HALL, ELIZABETH</b>
STREET ADDRESS	<b>1915 WILSHIRE BLVD.</b>
CITY- ST- ZIP	<b>ASHLAND KY</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>N/A</b>
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Janet R. Griffiths      3/18/95  
ULTIMATELY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #