

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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
441 IOWA STREET
ASHLAND KY 41102-3312
US

3. Date Incorporated or Qualified 11/09/1990
3a. Date of Last Report 02/26/1996

2. Principal Place of Business

21 State, Apt. #, etc. FL/A

22 City & State

23 Zip Country

24 Country

25 Country

26 Mailing Address

27 Suite, Apt. #, etc. I/A

28 City & State

29 Zip Country

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFITHS, MORRIS L.
5575 ALLIGATOR LAKE RD
P.O. BOX 701326
ST CLOUD FL 34770

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

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 reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

DELETE

TITLE PD

NAME GRIFFITHS, MORRIS L.

STREET ADDRESS 5575 ALLIGATOR LAKE RD.

CITY - ST - ZIP ST CLOUD FL

DELETE

TITLE VD

NAME GRIFFITHS, JANET R.

STREET ADDRESS 5575 ALLIGATOR LAKE RD.

CITY - ST - ZIP ST CLOUD FL

DELETE

TITLE S

NAME HALL, ELIZABETH

STREET ADDRESS 1915 WILSHIRE BLVD.

CITY - ST - ZIP ASHLAND KY

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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

SIGNATURE: _____ **3-13-97** **407-457-3463**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ **Date** _____ **Daytime Phone #** _____

CR2E034 (9/96)