FILE NOW: FILING FEE P. YER WAY I 10 \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 M& J CATTLE COMPANY Principal Place of Business 5575 ALLIGATOR LAKE RD., P.O. BOX 701326 ST CLOUD FL \$4770



FLORIDA DEPARTMENT OF STATE

Sandra 🎝, Morthom

Secretary of State

DIVISION OF CORPORATIONS

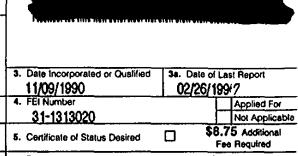
DOCUMENT # P32011

(9)

Mailing Address

441 IOWA STREET ASHLAND KY 41102-3312 US

FILED Apr 14 1998 8:00am Secretary of State



								1	1 1/09/ 1890	<u> </u>	<u>4/20/19</u>	9 7	
2.	Principal Place of Business			2a. Mailing Address				4	. FEI Number			Applied For	
21	N	26	26 1114				31-1313020 Not Applic				ble		
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired				\$8.75 Additional Fee Required	
23	City & State		28	City & State				6.	Election Campaign Financing Trust Fund Contribution		•	.00 May Be ided to Fees	
24	Zip J	Country Zip Cc 25 29 30			Country	ountry		This corporation has liability to Florida Statutes	r intangit Yes		der s. 199,032,		
	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
	GRIFFITHS, M 5575 ALLIGAT	'OR LAKE RD				81 82	Name Street Addre	ss (í	P.O. Box Number is Not Accepta	able)			_
	P.O. BOX 701326 , ST OLOUD FL 34770					83	83						
						84	City			F	B5	Zip Code	
11	office or registered a	sions of Sections 607.(gent, or both, in the St with, and accept the ob	ate of Florid	ia. Such change was	Butho	xized by	the corporation	orack on's	on submits this statement for the board of directors. I hereby acc	purpose ept the a	of chang ppointme	ing its register nt as registerer	ed d

egent. I a	im familiar with, and accept the obligations	of, Section 607.0505, Flo	rida Statutes.					
SIGNATURE	Bignature, typed or printed name of registered agent and to	de il applicable INOTE	: Registered Agent signature re	required when reinstating) DATE				
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	DELETE	1.1 TITLE	☐ Change ☐ Additio				
NAME	GRIFFITHS, MORRIS L.		1.2 NAME					
STREET ADDRESS	5575 ALLIGATOR LAKE RD.		1.3 STREET ADDRESS					
CITY-SI-ZIP	ST CLOUD FL		1.4 CITY-ST-ZIP					
TITLE	V0	DELETE	2.1 TITLE	Change Additio				
NAME	GRIFFITHS, JANET R.		22 NAME					
SIREET ADDRESS	5575 ALLIGATOR LAKE RD.		23 STREET ADDRESS					
CITY-ST-ZIP	ST CLOUD FL		2 4 City - ST - ZIP					
IITLE	S	DELETE	3.1 TITLE	Change Addition				
NAME	HALL, ELIZABETH		32 NAME					
STREET ADDRESS	1915 WILSHIRE BLVD.		3.3 STREET ADDRESS					
CITY-ST-ZIP	ASHLAND KY		3 4, CITY - ST - ZIP					
1111.6		DELETE	4.1 TITLE	Change Addition				
HAME			4 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY -ST - ZIP			4.4 CITY - ST - ZIP	And the same and t				
ItTLE		☐ DELETE	5 1 TITLE	8000024889280 Change				
HAME			52 NAME	-04/15/9801014013				
STREET ADDRESS			5 3 STREET ADDRESS	***150.00				
CITY ST ZIP			54 CITY ST-ZIP					
THEE		☐ DELETE	6 C 10TLE	Change Addition				
NAME			6 2 NAME	~ C				
STREET ADDRESS			6 3 STREET ADDRESS	\$ 6.14				
CUV-SI-ZIP			GA CITY ST ZIP	1907				

I do horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1). Florida Statutes: I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, it is an annual report in true and accurate and that my signature shall have the same legal effect as if made under eath, it is an annual report in the corporation of 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 chapter for on an attachment with an address

SIGNATURE: X