**FILED** 

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90129 040 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000011807

1. Corporation Name

B. & C. CATTLE COMPANY, INC.

Principal Place of Business Mailing Address						
27205 COUNTY		27205 COUNTY ROAD 448-A				
MOUNT DORA	FL 32757	MOUNT DORA FL 32757				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						12/15/1992
2. Principal Pl	ace of Business	2a. Mailing Address			_	4. FEI Number Applied For
21)		26				<b>59-3154975</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible  Personal Property Tax  Personal Property Tax
24	25	_ 1;;;,1	30			Personal Property Tax. Yes 10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent				81	Name	10. Name and Address of New Rogistered Agent
Carter, Eric R 27205 County Rd. 448-A			\			
				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	INT DORA FL 32757		F	83		
			1	84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au ions of, Section 607.0505, Flor	ithorized ida Statu	by ites.	the corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				Agen	nt signature required	
12.			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D CAPTED FOICE	( ) DEFEIE	1.1 111			
NAME	CARTER, ERIC R		1.2 NAME			
STREET ADDRESS	27205 COUNTY ROAD 448-A				T ADDRESS	
CITY-ST-ZIP			1.4 CIT 2.1 TIT		ī-ZIP	☐ Change ☐ Addition
TITLE	DATEMAN CHARLES B					
NAME	Di Communication de la communicación de la com		2.2 NA		TADORESS	
STREET ADDRESS				2.4 CITY-ST-ZIP		
CITY-ST-ZIP			3.1 TIT		1-211	- Change Addition
NAME			3.2 NA	3.2 NAME		
STREET ADDRESS	ADDRESS		3.3 STREET ADDRESS		FADDRESS	
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE			-	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NA	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		ADORESS	
CITY-ST-ZIP			4.4 CIT	4.4 CITY-ST-ZIP		
TITLE			5.1 TIT	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NA	ME		·

14. 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 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

INTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

☐ Addition