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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300005028 (4)

ALEXANDER CATTLE CO., INC.



98 MAR 25 AM 11: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA



						{	
Principal Place of Business Mailing Address					i annerdag ern ettete gerer gerer meite mitt bilt mitte filte filt filt ift.		
P O BOX 810		P O BOX 810					
ZELLWOOD FL 32780		ZELLWOOD FL 32790	ZELLWOOD FL 32790			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						01/14/1993	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				59-3162630 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & Stat	θ	City & State				6. Election Campaign Financing \$5.00 May Be	
23 Zip	Country	[28]	1 0			Trust Fund Contribution	
	Country		Cour	ntry		8. This corporation owes or has paid the current year Intangible	
24	25 Same and Address of Curre	29 Anni Registered Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
ÅD		To Blotolog Agon		61	Name	10. Hanny Sile Medices of How Holyletolog Agent	
	AMS, RICHARD H JR) HIGHLAND AVE		1				
	LANDO FL 32803			62	Street Add	ress (P.O. Box Number is Not Acceptable)	
QI.	DANDO FL SEGOS		ŀ	83			
				84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Stati	utes, the ab	I	named cor	noration submits this statement for the nurrose of changing its registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obli-	e of Florida. Such change was	: authorized	Ιbν	the comora	ation's board of directors. I hereby accept the appointment as registered	
Ŭ	in tartillar with, and accept the opin	gations of, aection 607.0303, r	Torioa Statt	леѕ	h.		
SIGNATURE	Signature, type dior printed name of registered a	gent and title 4 applicable (NC	TIL: Registered	Age	nt signature requ	vired when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 117	LF		Change Addition	
NAME _	ALEXANDER, PAUL		1.2 NA	ME			
STREET A DRESS	BOX 810 - 6429 W. JONES	AVE.	1.3 ST	REET.	ADDRESS		
CITY-ST-TIP	ZELLWOOD FL		1.4 CIT	Y-S1	1- ZIP	The second secon	
TITLE 🐛	D	☐ DELETE	2.1 TIT	LE		100002475661 11466 -04/01/9801085011 ****150.00 ****150.00	
NAME	PRICE, ALVIN		2.2 NAI	ME	ļ	-U4/U1/36U1U63U11	
STREET ADDRESS	15576 S. HWY. 68		2.3 STF	REET	ADDRESS	**************************************	
CITY-ST-ZIP	ST. JAMES MO		2.4 Cf	TY-S	T-ZIP		
TITLE	8	DELETE	3.1]][LE		Change Addition	
NAME	HATHAWAY, LAURI		3.2 NAI	ME			
STREET ADDRESS	4407 MEADOWLAND DR		3.3 STF	REET	ADDRESS		
CITY-ST-ZIP	ZELLWOOD FL		3.4. CII	_	T-21P		
TITLE		☐ DELETE	4.1 1111	LĒ		Change Addition	
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	REET	ADDRESS		
CITY-ST-ZIP			4.4 CIT		- 2IP		
TITLE		☐ DELET E	5.1 TITI			Change Addition Change Addition Change Addition	
NAME			5.2 NA			1.000	
STREET ADDRESS			5.3 STF	REET	ADDRESS	U'a175198	
CITY-ST-ZIP		NEC E-	5.4 CI1		1- ZIP	300/10	
TITLE		LJ DELETE	6.1 TITE			Change Addition	
NAME			6.2 NA			•	
STREET ADDRESS					ADDRESS		
C(TV_ST_7)P			C 4 C)T	v er	200		

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 supplied ental 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 fire 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 an an attachment with an address.