03-06-1999 90095 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000010860

BIG MOE CATTLE COMPANY

Principal Place of Business

Mailing Address

437 BUTTONWOOD LANE LARGO FL 34640

437 BUTTONWOOD LANE LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/12/1993

Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number	•	App	lied For	
21		26			59-31747 <u>18</u>		Not	Applicable	
Suite, Apt.	#, etc. Suite, Apt. #, etc.				5. Certificate of Status Des	ired \square	\$8.75 A		
		City & State	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country		8. This corporation owes to	he current year li	ntangible		
24	25 29 30			Personal Property Tax. ☐ Yes ☐ No			⊒No I		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name			•		
MOORE, S. HELEN				82 Street Address (P.O. Box Number is Not Acceptable)					
ONE PROGRESS PLAZA				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 1210					, time + 111				
ST. PETERSBURG FL 33701				84 City 85 Zip Code					
				City	•	F	_	i	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was autr	iorized by	tne corporatior	pration submits this statement n's board of directors. I hereby	for the purpose of y accept the app	of changing its r pintment as reg	egistered	
SIGNATURE	in familiar war, and decept are estigated								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				t signature required		DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES	TO OFFICERS A		RS IN 12 Addition	
TITLE	DP	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	MOORE, JEFFREY		1.2 NAME					ļ	
STREET ADDRESS	437 BUTTONWOOD LANE		1.3 STREET	ADDRESS	;]	
CITY-ST-ZIP	LARGO FL		1.4 CITY-S	r-ZIP					
TITLE	DT	☐ DELETE 2.1 T					☐ Change	☐ Addition [
NAME	MOORE, SHELLEY		2.2 NAME					ĺ	
STREET ADDRESS	437 BUTTONWOOD LANE		2.3 STREET	ADDRESS	•		•		
CITY-ST-ZIP	LARGO FL		2. 4 CITY-S	T-ZIP					
TITLE	☐ DELETE 3.		3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAMÉ	ļ				ļ	
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	r-ZIP					
TITLE		☐ DELETE	5.1 TITLE		•		Change	Addition	
NAME			5.2 NAME					Į	
STREET ADDRESS			5.3 STREET					[
CITY-ST-ZIP			5.4 CITY- S	r-ZIP		•			
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME			62 NAME			,			
STREET ADDRESS	•		6.3 STREET	ADDRESS				}	
CITY-ST-ZIP		_	6.4 CITY-S	T-ZIP					

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.

SIGNATURE: _