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

PROFIT **CORPORATION ANNUAL REPORT**

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P95000013636 (2) **DOCUMENT #**

C & W	CATTLE COMPANY, INC.					I (RAURO) III NAIJA OKII ORIII ORIII ORIII	ZIII ar ipi bal	JO JULIE CHEO	
Dringle of Oles	1 D								
Principal Place of Business Mailing Address PERKINS RD PO BOX 188					-				
PERKINS RD PO BOX 188 LAURELHILL FL 32567 LAURELHILL FL 32567									
US		US				DO NOT WRITE	E IN THIS:	SPACE	
						 Date Incorporated or Qualified 02/17/1995 			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
25 Suite, Apt. #, etc. Suite, Apt. #, etc.						58-2165960	·		Not Applicable
22	·	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	te	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Country Zip		Country			8. This corporation owes or has pa	 		
24	25 29 30		30		Personal Property Tax due June 30. 🔲 Yes 🗀			□ No	
Name and Address of Current Registered Agent					1	0. Name and Address of New Re	gistered	Agent	
	RPORATION SERVICE COMPA	NY	8	1 Name					
1201 HAYS ST. TALLAHASSEE FL 32301			8	2 Street A	Address	(P.O. Box Number is Not Acceptate	ole)		
			8				•		
				4 City			FL	1 '	Code
11. Pursuant office or r	to the provisions of Sections 607.00 registered agent, or both, in the Staum familiar with, and accept the obtains	502 and 607.1508, Florida Statu te of Florida, Such change was gations of Section 607.0505, F	tes, the abo authorized t	ve-named o by the corpo	corporat oration's	tion submits this statement for the ps board of directors. I hereby accept	ourpose of pt the app	changing ointment a	its registered is registered
SIGNATURE									
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	IE: Rogistered A	gent signature re	equired wh	hen reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	IDO IN 12
TITLE	PTD	DELÉTE 1.1				ABBITIONS/OFFIAIGES TO OFFIC	JENO AND	Change	
NAME			1.2 NAME					_ · •	
STREET ADDRESS	3735 TAMER LANE		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	LILBURN GA	1.4 CiT		ST-ZIP					
TITLE			2.1 TITLE					Change	Addition
NAME			2.2 NAME	1					
STREET ADDRESS	3735 TAMER LANE		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	ULBURN GA		2.4 CITY	·ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP		- Delete	3.4. CITY	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAM						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-	ST-ZIP				П с	A same
NAME		□ nrreig	51 TITLE	-				L Change	Addition
STREET ADDRESS			5.2 NAME						
CITY-ST-ZIP			4	T ADDRESS					
TITLE		☐ DELETE	5.4 CITY - 6.1 TITLE	S1 - ZIP			 ,	☐ Change	Addition
NAME		C profit	6.1 TITLE		•		,	— ∪nange	- Mudicion

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Jan 29 1998 8:00am

Secretary of State