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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096054 (8)

1. Corporation Name

KAT CATTLE COMPANY



Principal Place of Business

ROUTE 1 BOX 464-60
MYAKKA CITY FL 34251

Mailing Address

ROUTE 1 BOX 464-60
MYAKKA CITY FL 34251-9801

2. Principal Place of Business

21 5152 253rd St. East

Suite, Apt. #, etc.

City & State

23 Myakka City, FL
Zip Country

24 34251

25 USA

2a. Mailing Address

26 5152 253rd St. East

Suite, Apt. #, etc.

City & State

28 Myakka City, FL
Zip Country

29 34251

30 USA

3. Date Incorporated or Qualified

01/02/1996

3a. Date of Last Report

N/A

4. FEI Number

45-0637350

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CUMMINGS, KYLE G
ROUTE 1 BOX 464-60
MYAKKA CITY FL 34251

10. Name and Address of New Registered Agent

81 Name
Cummings, Kyle G.
82 Street Address (P.O. Box Number is Not Acceptable)
5152 253rd St. East
83
84 City
Myakka City, FL
85 Zip Code
34251

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CUMMINGS, KYLE G
STREET ADDRESS ROUTE 1 BOX 464-60
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE D
NAME CUMMINGS, TERRY B
STREET ADDRESS ROUTE 1 BOX 464-60
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE D
NAME MITCHELL, ALAN
STREET ADDRESS ROUTE 1 BOX 464-61
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE D
NAME HANSEN, DEANNA L
STREET ADDRESS 5040 253RD ST E
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME Cummings, Kyle G.
1.3 STREET ADDRESS 5152 253rd St. East
1.4 CITY-ST-ZIP Myakka City, FL. 34251

2.1 TITLE D
2.2 NAME Cummings, Terry B.
2.3 STREET ADDRESS 5152 253rd St. East
2.4 CITY-ST-ZIP Myakka City, FL. 34251

3.1 TITLE D
3.2 NAME Mitchell, Alan
3.3 STREET ADDRESS 324 River Isles
3.4 CITY-ST-ZIP Bradenton, FL. 34208

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Deanna L. Hansen 4/23/97 (941) 377-1341

CR2E034 (9/96)