

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

FILED
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
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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 34251-9901
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2. Principal Place of Business 21 5152 253rd St. East Suite, Apt. #, etc.	2a. Mailing Address 26 5152 253rd St. East Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/02/1996	3a. Date of Last Report N/A
22 City & State 23 Myakka City, FL	27 City & State 28 Myakka City, FL	4. FEI Number 65-0637350	Applied For Not Applicable
24 34251	25 USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29 34251	30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

CUMMINGS, KYLE G ROUTE 1 BOX 464-60 MYAKKA CITY FL 34251		81 Name Cumming, 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUMMINGS, KYLE G		1.2 NAME Cummings, Kyle G.	
STREET ADDRESS ROUTE 1 BOX 464-60		1.3 STREET ADDRESS 5152 253rd St. East	
CITY-ST-ZIP MYAKKA CITY FL 34251		1.4 CITY-ST-ZIP Myakka City, FL, 34251	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUMMINGS, TERRY B		2.2 NAME Cummings, Terry B.	
STREET ADDRESS ROUTE 1 BOX 464-60		2.3 STREET ADDRESS 5152 253rd St. East	
CITY-ST-ZIP MYAKKA CITY FL 34251		2.4 CITY-ST-ZIP Myakka City, FL, 34251	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MITCHELL, ALAN		3.2 NAME Mitchell, Alan	
STREET ADDRESS ROUTE 1 BOX 464-61		3.3 STREET ADDRESS 324 River Isles	
CITY-ST-ZIP MYAKKA CITY FL 34251		3.4 CITY-ST-ZIP Bradenton, FL, 34208	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HANSEN, DEANNA L		4.2 NAME	
STREET ADDRESS 5040 253RD ST E		4.3 STREET ADDRESS	
CITY-ST-ZIP MYAKKA CITY FL 34251		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)