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PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

CUMENT # P95000096054 (8)

FILED
Apr 13 1998 8:00am
Secretary of State

KAT CATTLE COMPANY Principal Place of Business Mailing Address 5152 253RD ST EAST 5152 253RD ST EAST MYAKKA CITY FL 34251 MYAKKA CITY FL 34251 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0637350 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ziр Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent Name В1 CUMMINGS, KYLE G 5152 253RD ST EAST Street Address (P.O. Box Number is Not Acceptable) 82 **MYAKKA CITY FL 34251** 83 84 City 85 Zip Code 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, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstaling) (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change 1.1 TITLE TITLE **CUMMINGS, KYLE G** CR2E034 NAME 1.2 NAME 5152 253RD ST EAST 1.3 STREET ADDRESS STREET ADDRESS MYAKKA CITY FL CITY-ST-ZIP 1.4 City-St-ZiP DELETE TITLE 2.1 TITLE Change Addition NAME **CUMMINGS, TERRY B** 2.2 NAME STREET ADDRESS 5152 253RD ST EAST 23 STREET ADDRESS MYAKKA CITY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE MITCHELL, ALAN 3.2 NAME NAME 324 RIVER ISLES STREET ADDRESS 3 3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE HANSEN, DEANNA L NAME 4. 2 NAME 5040 253RD ST E STREET ADDRESS 4.3 STREET ADDRESS MYAKKA CITY FL 34251 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - 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 suppliemental 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 managed, or on an attachment with an address.

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Danna / Harran

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