

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S97837 (6)

1. Corporation Name
B AND S CATTLE COMPANY, INC.

Principal Place of Business 6291 OAKSIDE MEADOW LN DELEON SPRINGS FL 32130	Mailing Address 6291 OAKSIDE MEADOW LN DELEON SPRINGS FL 32130
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FILED
 95 AUG 10 AM 11:41
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/02/1991	3a. Date of Last Report 04/06/1994
24		25		4. FEI Number 59-3095293	Applied For Not Applicable
29		30		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
29		30		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent STOUT, CAROLYN O. 59 SHADOW CREEK WAY ORMOND BEACH FL 32174-6767		10. Name and Address of New Registered Agent 81 Name MARY ELLEN BURROWS 82 Street Address (P.O. Box Number is Not Acceptable) 6291 OAKSIDE MEADOW LANE 83 84 City Deleon Springs FL 85 Zip Code 32130	
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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE MARY ELLEN BURROWS / MARY ELLEN BURROWS - President 8-3-95
(NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	BURROWS, MARY ELLEN	1.1 TITLE P.S.D.	☐ Change ☐ Addition
NAME		1.2 NAME MARY ELLEN BURROWS	
STREET ADDRESS	6291 OAKSIDE MEADOWS LN	1.3 STREET ADDRESS 6291 OAKSIDE MEADOW LANE	
CITY - ST - ZIP	DELEON SPRINGS FL	1.4 CITY - ST - ZIP Deleon Springs FL 32130	
TITLE VD	BURROWS, BILL JR	2.1 TITLE P.T.D.	☐ Change ☐ Addition
NAME		2.2 NAME BILL BURROWS JR	
STREET ADDRESS	6291 OAKSIDE MEADOWS LN	2.3 STREET ADDRESS 6291 OAKSIDE MEADOW LANE	
CITY - ST - ZIP	DELEON SPRINGS FL	2.4 CITY - ST - ZIP Deleon Springs FL 32130	
TITLE VTD	STOUT, EDWARD NORTON	3.1 TITLE V.T.D.	☐ Change ☐ Addition
NAME		3.2 NAME STOUT EDWARD NORTON	
STREET ADDRESS	59 SHADOW CREEK WAY	3.3 STREET ADDRESS 59 SHADOW CREEK WAY	
CITY - ST - ZIP	ORMOND BEACH FL	3.4 CITY - ST - ZIP ORMOND BEACH FL 32174	
TITLE SD	STOUT, CAROLYN OLDAKER	4.1 TITLE S.D.	☐ Change ☐ Addition
NAME		4.2 NAME STOUT CAROLYN OLDAKER	
STREET ADDRESS	59 SHADOW CREEK WAY	4.3 STREET ADDRESS 59 SHADOW CREEK WAY	
CITY - ST - ZIP	ORMOND BEACH FL	4.4 CITY - ST - ZIP ORMOND BEACH FL 32174	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 as changed, or on an attachment with an address.

SIGNATURE: Bill Burrows Jr. VTD 5-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR