FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S97837** **(6)**

1. Corporation Name

B AND S CATTLE COMPANY, INC.

Principal Place of Business	Mailing Address
6291 OAKSIDE MEADOW LN DELEON SPRINGS FL 32130	6291 OAKSIDE MEADOW LN DELEON SPRINGS FL 32130

2. Principal Place of Business
21 6291 OAKSIDE Meadow Ln.
Suite, Apt. #, etc
22
City & State
23 Deleon Springs Fl.
Zip 24 32130 County 25 Volusia

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 12/02/1991
3a. Date of Last Report: 08/10/1995
4. FEI Number: 59-3095293 ☐ 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

BURROWS, MARY ELLEN
6291 OAKSIDE MEADOW LANE
DELEON SPRINGS FL 32130

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BURROWS, MARY ELLEN	
STREET ADDRESS	6291 OAKSIDE MEADOWS LN	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	VD	☐ DELETE
NAME	BURROWS, BILL JR	
STREET ADDRESS	6291 OAKSIDE MEADOWS LN	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	VTD	☒ DELETE
NAME	STOUT, EDWARD NORTON	
STREET ADDRESS	59 SHADOW CREEK WAY	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SD	☒ DELETE
NAME	STOUT, CAROLYN OLDAKER	
STREET ADDRESS	59 SHADOW CREEK WAY	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.

1.1 TITLE	PTD	☒ Change ☐ Addition
1.2 NAME	BURROWS, MARY Ellen	
1.3 STREET ADDRESS	6291 OAKSIDE Meadow Lane	
1.4 CITY-ST-ZIP	Deleon Springs Fl 32180	
2.1 TITLE	VSD	☒ Change ☐ Addition
2.2 NAME	BURROWS, Bill JR.	
2.3 STREET ADDRESS	6291 OAKSIDE Meadow Lane	
2.4 CITY-ST-ZIP	Deleon Springs Fl 32130	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, voluntarily furnished and 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 attached sheet, with any address.

SIGNATURE: Bill Burrows VSD. 8-15-96 (904) 238-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Bill Burrows JR VSD