2000 UNIFORM BUSINESS REPORT (UBR)

DOCHMENT # V27021

ELLSWORTH, W. WM., JR.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

6700 S. FLORIDA AVE.

LAKELAND FL 33813

STE. #6

(See criteria on back)

SIGNATURE

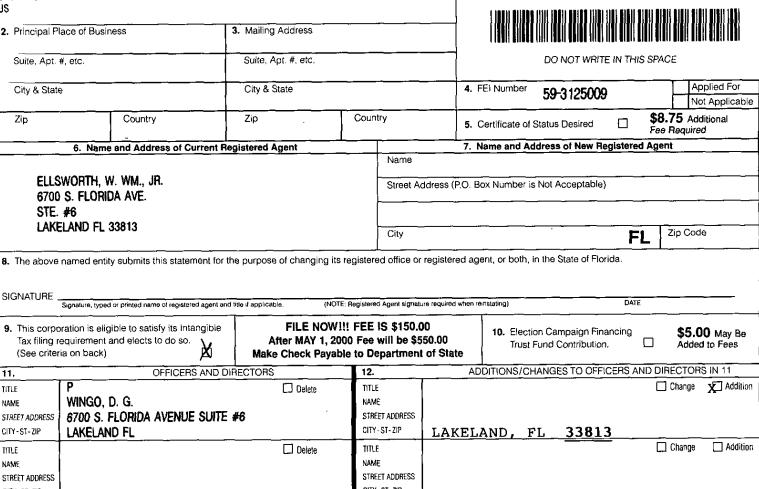
| 1. Entity Name | | | | | | | | |
|---|------------------|--|---------|--|--|--|--|--------------------------------|
| DIAMOND | E CATTLE COMPANY | | | | | | | |
| Principal Place of Business 6700 S. FLORIDA AVE. STE. #6 LAKELAND FL 33813 US | | Mailing Address PO BOX 1797 HIGHLAND CITY FL 33846-1797 US | | | | | | |
| | | | | | | | | 2. Principal Place of Business |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | |
| City & State | | City & State | | | | | | |
| Zip | Country | Zip | Country | | | | | |

6. Name and Address of Current Registered Agent

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

FILED May 01, 2000 8:00 am Secretary of State

05-01-2000 90470 050 ***150.00



| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | |
|--|---|---|---------------------------------------|-----------|----|-------|----------|------------|
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP | P Wingo, D. G. 6700 S. Florida avenue suite #6 Lakeland Fl | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LAKELAND, | FL | 33813 | | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS | | ☐ Delete | NAME STREET ADDRESS | | | , | ☐ Change | ☐ Addition |

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State 12.

13. 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 report or supplemental 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 11 or Block 12 if with an address, with all other like empowered. changed, or on an attachment

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR