

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 MAR 21 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **162706** (6)  
1. Corporation Name  
**CATTLE FARMS INC**

Principal Place of Business: **1023 F.N.B.C. BLDG. NEW ORLEANS LA 70130-1301**  
Mailing Address: **1023 F.N.B.C. BLDG. NEW ORLEANS LA 70130-1301**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/22/1950** 3a. Date of Last Report: **04/12/1994**

4. FEI Number: **72-6021075** 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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2b. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHALEY, RANEY CORP. SERVICE CO OF FLA  
2921 OLD BAINBRIDGE RD.  
TALLAHASSEE FL**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>VD</b>
NAME	<b>PEMBROKE, GRAHAM C</b>
STREET ADDRESS	<b>GENERAL DELIVERY</b>
CITY-ST-ZIP	<b>KILMARNOCK, VA 00000</b>
TITLE	<b>SDT</b>
NAME	<b>DART, JOHN JR</b>
STREET ADDRESS	<b>3207 COUSEUM ST</b>
CITY-ST-ZIP	<b>NEW ORLEANS, LA 00000</b>
TITLE	<b>PD</b>
NAME	<b>CAFFERY, TAYLOR</b>
STREET ADDRESS	<b>1023 FNBC BLDG</b>
CITY-ST-ZIP	<b>NEW ORLEANS, LA 00000</b>
TITLE	<b>D</b>
NAME	<b>BUCK, HARRY H JR</b>
STREET ADDRESS	<b>1305 TERRY WAY</b>
CITY-ST-ZIP	<b>FALLSTON MD</b>
TITLE	<b>D</b>
NAME	<b>POWER, MARY B</b>
STREET ADDRESS	<b>3724 BISQUIER DRIVE</b>
CITY-ST-ZIP	<b>ANCHORAGE, AK 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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: *Taylor Caffery*  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR  
**TAYLOR CAFFERY, PRESIDENT**

3/18/95 584522-5601  
Date Daytona Phone #