

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **240388** (9)

1. Corporation Name  
**GORE'S DAIRY SUPPLY, INC.**



Principal Place of Business  
**7750 GALL BLVD  
P. O. BOX 605  
ZEPHYRHILLS FL 33540  
US**

Mailing Address  
**7750 GALL BLVD  
P. O. BOX 605  
ZEPHYRHILLS FL 33540  
US**

3. Date Incorporated or Qualified **09/18/1960** 3a. Date of Last Report **01/25/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number <b>59-0953629</b>	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**GORE, F L  
7750 GALL BLVD  
ZEPHYRHILLS FL 33540**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
	State <b>FL</b>
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

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	NAME	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	12 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	13 STREET ADDRESS	
TITLE	NAME	14 CITY - ST - ZIP	
NAME	NAME	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	22 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	23 STREET ADDRESS	
TITLE	NAME	24 CITY - ST - ZIP	
NAME	NAME	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	32 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	33 STREET ADDRESS	
TITLE	NAME	34 CITY - ST - ZIP	
NAME	NAME	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	42 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	43 STREET ADDRESS	
TITLE	NAME	44 CITY - ST - ZIP	
NAME	NAME	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	52 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	53 STREET ADDRESS	
TITLE	NAME	54 CITY - ST - ZIP	
NAME	NAME	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	62 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	63 STREET ADDRESS	
		64 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)(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:

*F. L. Gore*

**F. L. GORE**

1/31/96

813 782-1215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)