## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** Jan 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS (9)DOCUMENT # 240722 SHADY GROVE DAIRY FARM INC Principal Place of Business Mailing Address STRATON RD. AT END 5005 STRATON ROAD 3/4 MILES FROM A-1-A CALLAHAN FL 32011 CALLAHAN FL 32011 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1960 Principal Place of Business 4. FEI Number Applied For 5005 59-0893287 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Feas 8. This corporation owes or has paid the current year Intangible B. Personal Property Tax due June 30. Yes Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PETERSON, ANTHONY C. 81 Name **5005 STRATON ROAD** Street Address (P.O. Box Number is Not Acceptable 82 CALLAHAN FL 32011 84 City 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, a m 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change 🗌 ☐ Addition PETERSON, ANTHONY C. NAME 1.2 NAME **5005 STRATON ROAD** STREET ADDRESS 1.3 STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PETERSON, FLOYD NAME 22 NAME 5005 STRATON ROAD 2.3 STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE FITZPATRICK, MARY 3.2 NAME NAME 1210 HOPEWELL CREST STREET ADDRESS 3.3 STREET ADDRESS ALPHARETTA GA 30201 CITY-ST-ZIP 3.4. CITY-ST-2IP TITLE DELETE Change Addition 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 6.1 TITLE \_\_\_ Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). 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 trusted 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.