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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90059 010 ***158.75

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 240722

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SHADY GROVE DAIRY FARM INC

Principal Place of Business		Mailing Address			T REGISTE NEUL DERLE BRUCK BRUCK THEID THEIR REBLY BLOCK	111
STRATON RD. AT END 3/4 MILES FROM A-1-A CALLAHAN FL 32011		5005 STRATON ROAD CALLAHAN FL 32011			DO NOT WRITE IN THIS SPACE	
US	2071				3. Date Incorporated or Qualifed	
					09/30/1960	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
21		26			59-0893287 Not Applicat	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional	
22		27	27		5. Certificate of Status Desired Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing S5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country		У	8. This corporation owes the current year Intangible	•
24	25	29	30		Personal Property Tax. ☐ Yes □ No.	
					10. Name and Address of New Registered Agent	
PET	ERSON, ANTHONY C.		81	Name		
	5005 STRATON ROAD			Street Ad	ddress (P.O. Box Number is Not Acceptable)	
CALLAHAN FL 32011					the state of the s	
OALDAHAN I E OZOTI			*# [*] ** 83	1		*
			84	City	FI 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	,,					
CICIATORE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Age	nt signature requi	uired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE "	P	☐ DELETE	1.1 TITLE	ļ	☐ Change ☐ Addit	tion
NAME	PETERSON, ANTHONY C.		1.2 NAME	-	•	
STREET ADDRESS	5005 STRATON ROAD		1.3 STREE	T ADDRESS	•	
CITY-ST-ZIP	CALLAHAN FL 32011		1.4 CITY-S	T-ZIP	7.4	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addit	ion
NAME	PETERSON, FLOYD		2.2 NAME			
STREET ADDRESS	5005 STRATON ROAD		2.3 STREE	T ADDRESS	•	
CITY-ST-ZIP	CALLAHAN FL 32011	T-14.	2. 4 CITY- S	ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addit	iion
NAME	FITZPATRICK, MARY		3.2 NAME			
STREET ADDRESS	1210 HOPEWELL CREST		3.3 STREET	T ADDRESS	· · · · · · · · · · · · · · · · · · ·	
C/TY-ST-ZIP	ALPHARETTA GA 30201		3.4. CITY-S	IT-ZIP		1
TITLE	• • •	☐ DELETE	4.1 TITLE		, ☐ Change ☐ Addit	ion
NAME .			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	1		4.4 CITY-S	T- ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Additi	ion
NAME			5.2 NAME		· —	
STREET ADDRESS			5.3 STREET	ADDRESS	•	
CITY-ST-ZIP	•		54 CITY- \$1	E-7ID		

14. 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 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, with all other like impowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

☐ Change

Addition