SIGNATURE: _

2002 UNIFORM BUSINESS REPORT (UBR)					0002303
DOCUMENT # 240722 1. Entity Name .				Secretary of State	Þ
SHADY G	ROVE DAIRY FARM INC			02-10-2002 90025 050 ***150.00	`
Principal Place of Business STRATON RD. ATLEND 3/4 MILES FROM A-1-A CALLAHAN FL 32011 US		Mailing Address 5005 STRATON ROAD CALLAHAN FL 32011			18. 19.4 19.4
2. Principal P	lace of Business	3. Mailing Address			. '
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat	е	City & State		4. FEI Number 59-0893287 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent	'	7. Name and Address of New Registered Agent	
			Name		Į
PETERSON, ANTHONY C. 5005 STRATON ROAD			Street Ad	Address (P.O. Box Number is Not Acceptable)	
CALLAHA	N FL 32011				
			City	FL Zip Code ,	ĺ
8. The above	named entity submits this statement	for the purpose of changing it	s registered office or r	or registered agent, or both, in the State of Florida.	
SIGNATURE .	Anthony Signature, typed or printed ryline of registered ag	Peterson ent and title if applicable. (NO	TE: Registered Agent signature	ature required when reinstating) DATE	
~Tax filing (oration is eligible to satisfy its Intangil requirement and elects to do so. ria on back)	After May 1, 20	III FEE IS \$150.00 002 Fee will be \$55 ble to Department	5550.00 Trust Fund Contribution Added to Fees	
11.		ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.C. PETERSON, ANTHONY C. 5005 STRATON ROAD CALLAHAN FL 32011	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERSON, FLOYD 5005 STRATON ROAD CALLAHAN FL 32011	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		С
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FITZPATRICK, MARY 1210 HOPEWELL CREST ALPHARETTA GA 30201	☐ 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	
13. I hereby of indicated	on this report or supplemental repor	t is true and accurate and that	or the exemption state	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director napter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	