

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:47

DOCUMENT # 493227

(3)

1. Corporation Name

AUKEMA DAIRY FARMS, INC.

Principal Place of Business

3061 WOODCREST RD.
CHIPLEY FL 32428

Mailing Address

3061 WOODCREST RD.
CHIPLEY FL 32428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1975

3a. Date of Last Report

02/15/1994

4. FEI Number

59-1642584

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 to intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AUKEMA, BONNIE
3061 WOODCREST RD
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Bonnie Aukema

Sec. & Pres.

2/20/95

Signature, typed or printed name of registered agent and board agent (also)

Signature, typed or printed name of registered agent and board agent (also)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AUKEMA, ARTHUR
STREET ADDRESS	3061 WOODCREST ROAD
CITY, ST, ZIP	CHIPLEY FL
TITLE	S
NAME	AUKEMA, BONNIE
STREET ADDRESS	3061 WOODCREST ROAD
CITY, ST, ZIP	CHIPLEY FL
TITLE	V
NAME	AUKEMA, GARY
STREET ADDRESS	ROUTE 7, BOX 198
CITY, ST, ZIP	CHIPLEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
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 199.032(1), 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: Bonnie Aukema

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/95

904-688-5886