

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 # **F13421 (5)**

1. Corporation Name
SILVER LAKE DAIRY OF JEFFERSON COUNTY, INC.



Principal Place of Business: **240 WEST WASHINGTON ST. MONTICELLO FL 32344**
Mailing Address: **240 WEST WASHINGTON ST. MONTICELLO FL 32344**

3. Date Incorporated or Qualified: **12/31/1980**
3a. Date of Last Report: **07/20/1995**
4. FEI Number: **59-2099538**
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 for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**MILLER, GEORGE
240 WEST WASHINGTON ST.
MONTICELLO FL 32344**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when raising fee) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FOUNTAIN, LUTHER
STREET ADDRESS	RT 2 BOX 34
CITY-ST-ZIP	MONTICELLO FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	FOUNTAIN, MAMIE SUE
STREET ADDRESS	RT 2 BOX 34
CITY-ST-ZIP	MONTICELLO FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	MILLER, JUDY F.
STREET ADDRESS	RT 2 BOX 34
CITY-ST-ZIP	MONTICELLO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MILLER, JUDY F.
3.3 STREET ADDRESS	240 WEST WASHINGTON ST
3.4 CITY-ST-ZIP	MONTICELLO, FL 32344
4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BAILEY, CLAUDIA F.
4.3 STREET ADDRESS	ROUTE 2, BOX 34
4.4 CITY-ST-ZIP	MONTICELLO, FL 32344
5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CHARRON, GLORIA A.
5.3 STREET ADDRESS	ROUTE 2, BOX 34-C
5.4 CITY-ST-ZIP	MONTICELLO, FL 32344
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BAILEY, YVONNE S.
6.3 STREET ADDRESS	8128 OAKWOOD ST
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208

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 19.07(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: *Claudia F. Bailey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/8/95** (904) 997-2646
Dulyfile Phone #

CR2E034 (12/95)