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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F13421

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



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

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		Suite, Apt. #, etc.		City & State		Zip	
240 WEST WASHINGTON ST. MONTICELLO FL 32344		240 WEST WASHINGTON ST. MONTICELLO FL 32344		Suite, Apt. #, etc.		City & State		Zip	

3. Date incorporated or Qualified	Applied For
12/31/1980	Not Applicable
4. FEI Number	Applied For
59-2099538	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MILLER, GEORGE
 240 WEST WASHINGTO 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BAILEY, CLAUDIA	
STREET ADDRESS	43 PINEVIEW DR	
CITY-ST-ZIP	WARRENVILLE SC 29851	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, JUDY F.	
STREET ADDRESS	240 W WASHINGTON ST	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHARRON, GLORIA A.	
STREET ADDRESS	ROUTE 2, BOX 34-C	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, YVONNE S.	
STREET ADDRESS	8128 OAKWOOD ST	
CITY-ST-ZIP	JACKSONVILLE 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32344
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	RT 2 BOX 34-B
3.4 CITY-ST-ZIP	32344
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	32208
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 empowered.

SIGNATURE: Judy J. Miller 1-21-99 850 997-2646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)