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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H78463

P.W. BISHOP DAIRY, INC.

Principal Place of Business

Mailing Address

97 JUL -8 AM B: 07
SECRETARY OF STATE
TALLAHASSEE FLARMAN

|  | - 27TH AVE., SW<br>O BEACH FL 32968             | P.O. BOX 1058<br>VERO BEACH FL 32961-1058<br>US |       |   |  |                              |                  |  |
|--|---|---|-------|---|--|------------------------------|------------------|--|
|  |   | •   |       |   | 3. Date Incorporated or Qualified 10/01/1985   | 3a. Date of Las<br>05/01/199 |                  |  |
| <b>2.</b> P  | Principal Place of Business                     | 2a. Mailing Address                             |       | 4. FEI Number   |  | Applied For                  |                  |  |
| 21   |   | 26  |       |   | 59-2584850   |                              | Not Applicable   |  |
| Suite, Apt. #, etc.                                  |   | Suite, Apt. #, etc.                             |       | 5. Certificate of Status Desired                        | 1 1  | 5 Additional<br>Required     |                  |  |
| City & State   |   | City & State                                    |       | Election Campaign Financing     Trust Fund Contribution |  | 0 May Be<br>d to Fees        |                  |  |
| Z<br>24  | Country 25                                      | Zip Country<br>9 30                             |       | ,   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No |                              |                  |  |
|  | 9. Name and Address of Current I                | Registered Agent                                |       | 10. Name and Address of New Registered Agent            |  |                              |                  |  |
| STANTON, PAUL R.<br>161 ALMERIA AVENUE<br>SUITE 200E |   |   | 61    |   |  |                              |                  |  |
|  |   |   | 82    |   |  |                              |                  |  |
|  | CORAL GABLES FL 33134                           |   |       |   |  |                              |                  |  |
|  |   |   |       | City  |  | FL  85   Zi                  | p Code           |  |
| 11.  | Pursuant to the provisions of Sections 607.0502 | and 607,1508, Florida Statutes, the             | above | e-named corpo   | ration submits this statement for the p  | urpose of changing           | j its registered |  |

office or registered agent, or bolth, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

| SIGNATURE            |  |                             |   |
|----------------------|--|-----------------------------|---|
| 12.                  | Signature, typed or printed name of registered agent and little if applicable (NOTE OFFICERS AND DIRECTORS | Fiegistered Agent signature | required when relicateling) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE                | PS DELETE  | 11 10LE                     |   |
| NAME                 | BISHOP, PERRY W.   | 1.2 NAME                    | 400002236444 - 48 - 007   |
| STREET ADDRESS       | 970 44TH CT  | 1.3 STREET ADDRESS          | -07/11/9701113007   |
| 1                    | VERO BEACH FL  |                             | ****165.00 ****165.00   |
| CITY-ST-ZIP<br>TITLE | DELETE   | 14 CITY-ST-ZIP              | Change Addition   |
| NAME                 |  |                             |   |
|                      |  | 2.2 NAME                    | 4000022364448  <br>-07/11/9701113008  |
| STREET ADDRESS       |  | 2 3 STREET ADDRESS          | ****385.00 ****385.80   |
| CITY-ST-ZIP          | DEA ETE  | 2 4 CITY-ST-7IP<br>31 TITLE | Change Addition   |
| TITLE                | L) batti   |                             | Lit Change Lil Mounton  |
| NAME                 |  | 3.2 NAME                    |   |
| STREET ADDRESS       |  | 33 STREET ADDRESS           |   |
| CITY-ST-ZIP          | The second   | 3 4. CITY-ST-ZIP            |   |
| MILE                 | ☐ DELETE   | 4 1 TITLE                   | Change Addition   |
| NAME                 |  | 4. 2 NAME                   |   |
| STREET ADDRESS       |  | 4.3 STREET ADDRESS          |   |
| CITY-ST-ZIP          | ***  | 4.4 CFTY - ST - ZIP         |   |
| TITLE                | ☐ DELETE   | 51 TITLE                    | Change Addition   |
| NAME                 |  | 5.2 NAME                    |   |
| STREET ADDRESS       |  | 5.3 STREET ADDRESS          |   |
| CITY - ST - ZIP      | · · · · · · · · · · · · · · · · · · ·  | 5.4 C(1Y-S1-Z)P             |   |
| TITLE                | . DELETE   | 61 TITLE                    | Change Addition   |
| NAME                 |  | 6.2 NAME                    | (W) a   |
| STREET ADDRESS       |  | 6.3 STREET ADDRESS          | 1 VI VI VI  |
|                      |  |                             | 710 6   |

6.4 CHTY-ST-ZIP 14. I do 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 eath; 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 behanged, or on an attachment with an address.

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