3795 P-3795-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:01

DOCUMENT # **P93000028514 (6)**

1. Corporation Name
GUSTAFSON'S DAIRY FARM, INC.

Principal Place of Business	Mailing Address
4169 COUNTY ROAD 15A GREEN COVE SPRINGS FL 32043 US	P.O. BOX 338 GREEN COVE SPRINGS FL 32043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/16/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3175830	Not Applicable
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

SHEEHAN, JAMES H
4169 HWY. 15A
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name: JAMES H. SHEEHAN
82 Street Address (P.O. Box Number is Not Acceptable): 4169 COUNTY ROAD 15A
83:
84 City: GREEN COVE SPRINGS, 85 FL Zip Code: 32043

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: James H. Sheehan — 3/28/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVTS	11 TITLE	☐ Change ☐ Addition
NAME	GUSTAFSON, E.S.	12 NAME	
STREET ADDRESS	4530 COUNTY ROAD 15A	13 STREET ADDRESS	
CITY ST ZIP	GREEN COVE SPRINGS FL	14 CITY ST ZIP	
TITLE	DPT	21 TITLE	☐ Change ☐ Addition
NAME	GUSTAFSON, E.S. JR.	22 NAME	
STREET ADDRESS	STATE HWY. 16 W.	23 STREET ADDRESS	
CITY ST ZIP	GREEN COVE SPRINGS FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	WAGNER, GAIL G	32 NAME	
STREET ADDRESS	4169 COUNTY ROAD 15A	33 STREET ADDRESS	
CITY ST ZIP	GREEN COVE SPRINGS FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 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 added in an attachment with an address.

SIGNATURE: E.S. Gustafson Jr. — 3/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

000644 CP