

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

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
Sandra B. Minkes
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S20267** (8)

1. Corporation Name
DAIRYMAN'S SUPPLY CO. - FLORIDA, INC.

Principal Place of Business Mailing Address
P O BOX 1879 WILWOOD FL 34785 **P O BOX 1879 WILWOOD FL 34785**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/19/1990** 3a. Date of Last Report **02/02/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **59-3039989** 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 for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**COOK, GEORGE D., JR.
2804 S JEAN AVE
INVERNESS FL 32650**

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

Signature of the current registered agent of the corporation and state (applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	COOK, L. G.
STREET ADDRESS	1700 CASEY KEY RD
CITY - ST - ZIP	NOKOMIS FL
TITLE	D
NAME	COOK, GEORGE SR.
STREET ADDRESS	204 ERWIN DR
CITY - ST - ZIP	MAYFIELD KY
TITLE	D
NAME	COOK, JOHN E.
STREET ADDRESS	1010 BRAND ST
CITY - ST - ZIP	MAYFIELD KY
TITLE	D
NAME	COOK, J. V., JR.
STREET ADDRESS	6520 E SPEEDWAY
CITY - ST - ZIP	TUSCON AZ
TITLE	DST
NAME	BOYD, CURTIS J.
STREET ADDRESS	405 GOLF CLUB LN
CITY - ST - ZIP	MAYFIELD KY
TITLE	D
NAME	COOK, GREG
STREET ADDRESS	613 E COLLEGE ST
CITY - ST - ZIP	MAYFIELD KY

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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. 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 on File K-12 or File K-13 (by report, or on an attachment with an address).

SIGNATURE:

George D. Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/95