

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

FILED

**Feb 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S20267 (8)
 1. Corporation Name
DAIRYMAN'S SUPPLY CO. - FLORIDA, INC.



Principal Place of Business P O BOX 1879 WILDWOOD FL 34785	Mailing Address P O BOX 1879 WILDWOOD FL 34785-1879
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3. Date Incorporated or Qualified 12/19/1990	3a. Date of Last Report 01/30/1996
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2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-3039989	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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	D <input type="checkbox"/> DELETE
NAME	COOK, L. G.
STREET ADDRESS	1700 CASEY KEY RD
CITY - ST - ZIP	NOKOMIS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COOK, GEORGE SR.
STREET ADDRESS	204 ERWIN DR
CITY - ST - ZIP	MAYFIELD KY
TITLE	D <input type="checkbox"/> DELETE
NAME	COOK, JOHN E.
STREET ADDRESS	1010 BRAND ST
CITY - ST - ZIP	MAYFIELD KY
TITLE	D <input type="checkbox"/> DELETE
NAME	COOK, NANCY C.
STREET ADDRESS	6520 E SPEEDWAY
CITY - ST - ZIP	TUSCON AZ
TITLE	DST <input type="checkbox"/> DELETE
NAME	BOYD, CURTIS J.
STREET ADDRESS	405 GOLF CLUB LN
CITY - ST - ZIP	MAYFIELD KY
TITLE	D <input type="checkbox"/> DELETE
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 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.

SIGNATURE:  **2/03/97** **502-247-5641**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)