

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90038 048 ***150.00

DOCUMENT # S20267

1. Entity 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
--	---

010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3039989	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
COOK, GEORGE D., JR. 2804 S JEAN AVE INVERNESS FL 32650			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, L. G.		NAME		
STREET ADDRESS	1700 CASEY KEY RD		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, GEORGE SR.		NAME		
STREET ADDRESS	204 ERWIN DR		STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD KY		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, JOHN E.		NAME		
STREET ADDRESS	1010 BRAND ST		STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD KY		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, NANCY C.		NAME		
STREET ADDRESS	6520 E SPEEDWAY		STREET ADDRESS		
CITY-ST-ZIP	TUSCON AZ		CITY-ST-ZIP		
TITLE	DST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYD, CURTIS J.		NAME		
STREET ADDRESS	405 GOLF CLUB LN		STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD KY		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, GREG		NAME		
STREET ADDRESS	613 E COLLEGE ST		STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD KY		CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Greg Cook* SEC/TREAS Date: 1/27/00 Daytime Phone #: 270-247-5641

CR2E034 (9/99)