

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000067513

Entity Name: ST LUCIE MILKMAID, INC.**Current Principal Place of Business:**C/O WILBUR E. BRYANT, JR.
190 HIGH PEAK DR
BOONE, NC 28607**Current Mailing Address:**C/O WILBUR E. BRYANT, JR.
190 HIGH PEAK DR
BOONE, NC 28607 US**FEI Number:** 81-3943956**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRAWNER, PHILIP L
9100 SCHOOL HOUSE ROAD
CORAL GABLES, FL 33156 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	RUST, JOHN M SR
Address	42910 EDWARDS FERRY RD
City-State-Zip:	LEESBURG VA 20176

Title	VP, DIRECTOR
Name	DAVIS, CLAUDE T JR
Address	730 8TH STREET DR. NW
City-State-Zip:	HICKORY NC 28601

Title	DIRECTOR
Name	SIMPSON, MARY BRYANT
Address	24166 AUDUBON TRAIL DRIVE
City-State-Zip:	ALDIE VA 20105

Title	SECRETARY
Name	DAVIS, JOHN A
Address	1017 TROLLINGWOOD LANE
City-State-Zip:	RALEIGH NC 27615

Title	PRESIDENT, DIRECTOR
Name	BRYANT, WILBUR E JR.
Address	190 HIGH PEAK DRIVE
City-State-Zip:	BOONE NC 28607

Title	DIRECTOR
Name	WILLIAMS, ELIZABETH D
Address	3215 GLEN TERRACE
City-State-Zip:	CHARLOTTE NC 28211

Title	DIRECTOR
Name	PRESSLY, REBECCA D
Address	1613 SCOTLAND AVENUE
City-State-Zip:	CHARLOTTE NC 28207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN DAVIS**TREASURER****03/09/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date