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FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 180865 (8)

1. Corporation Name  
NEW PALM DAIRY INC

Principal Place of Business  
6688 S.W. 21ST PARKWAY  
OKEECHOBEE FL 34974

Mailing Address  
P O BOX 758  
OKEECHOBEE FL 34973-0758  
US



2. Principal Place of Business

21 509 SW 2nd Ave  
Suite, Apt. #, etc.

22 City & State  
23 OKEECHOBEE FL

24 34974 Country  
25 OKEECHOBEE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country  
29 34973-0758 30 US

3. Date Incorporated or Qualified  
10/01/1954

3a. Date of Last Report  
02/02/1996

4. FEI Number

59-0726328

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

NEWCOMER, JERRY  
6688 S.W. 21ST PARKWAY  
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name NEWCOMER, JERRY

82 Street Address (P.O. Box Number is Not Acceptable)  
509 SW 2nd AVE

83

84 City OKEECHOBEE

FL

85 Zip Code 34974

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☒ DELETE  
NAME NEWCOMER, PAMELA  
STREET ADDRESS P O BOX 758 NA  
CITY-ST-ZIP OKEECHOBEE, FL 00000

TITLE PD ☐ DELETE  
NAME NEWCOMER, GERALD  
STREET ADDRESS P O BOX 758 NA  
CITY-ST-ZIP OKEECHOBEE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97 941/763/4287  
Date Daytime Phone #

CR2E034 (9/96)