

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

**FILED**

**Feb 04 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 180865 (8)**

1. Corporation Name  
**NEW PALM DAIRY INC**



Principal Place of Business <b>6688 S.W. 21ST PARKWAY OKEECHOBEE FL 34974</b>	Mailing Address <b>P O BOX 758 OKEECHOBEE FL 34973-0758 US</b>
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2. Principal Place of Business <b>509 SW 2nd Ave</b>	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/01/1954</b>	3a. Date of Last Report <b>02/02/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-0726328</b>	Applied For Not Applicable
22 City & State <b>OKEECHOBEE FL</b>	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip <b>34974</b>	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country <b>OKEECHOBEE</b>	29 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NEWCOMER, JERRY 6688 S.W. 21ST PARKWAY OKEECHOBEE FL 34974</b>		10. Name and Address of New Registered Agent	
81 Name <b>NEWCOMER, JERRY</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>509 SW 2nd AVE</b>	83	
84 City <b>OKEECHOBEE</b>	85 Zip Code <b>FL 34974</b>		

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	NAME <b>NEWCOMER, PAMELA</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>P O BOX 758 NA</b>	<input checked="" type="checkbox"/> DELETE	1.2 NAME	
CITY - ST - ZIP <b>OKEECHOBEE, FL 00000</b>		1.3 STREET ADDRESS	
TITLE <b>PD</b>	NAME <b>NEWCOMER, GERALD</b>	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>P O BOX 758 NA</b>	<input type="checkbox"/> DELETE	2.1 TITLE	
CITY - ST - ZIP <b>OKEECHOBEE FL</b>		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
NAME		2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.1 TITLE	
CITY - ST - ZIP		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.1 TITLE	
CITY - ST - ZIP		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
NAME		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.1 TITLE	
CITY - ST - ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
NAME		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.1 TITLE	
CITY - ST - ZIP		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
NAME		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
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: *[Signature]* DATE: **1/17/97** 941763/4287

CR2E034 (9/96)