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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 180865 1. Corporation Name

NEW PALM DAIRY INC

FILED Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90044 026 ***150.00



i ililoipai i ide	ce of Business	Mailing Address					
509 SW 2ND /	AVF	P O BOX 758					
OKEECHOBEE		OKEEHCOBEE FL 34973					
US		US			DO NOT WR	ITE IN THIS SPACE	
	÷				3. Date Incorporated or Qualifed		
	•				10/01/1954		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
:	1000 01 42011000	— ·			1 , ,	 	
Suite, Apt.	* oto	Suite, Apt. #, etc.			59-0726328	to -	Not Applicable
	. #, 610.	— — · · · ·			5. Certifcate of Status Desired		75 Additional
22		27				Fe	e Required
City & Sta	te	City & State			6. Election Campaign Financing	\$5.	00 May Be
23		28			Trust Fund Contribution	Add	led to Fees
Zip	Country	ntry Zip Col			8. This corporation owes the cur	rent year Intangible	
24	25	29	30		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New	Registered Agent	
	MOLECIO.		81	Name			
NEV	NCOMER, JERRY	•-					
509 SW 2ND AVE			82	82 Street Address (P.O. Box Number is Not Acceptable)			
					والماعدة والاراق والمالات	والافتار المناوات	ransi Nadio rapis andi
UKE	EECHOBEE FL 34974		83			·公司(1881) [5] [4] [6]	医胸膜翻 [4]
							() () () () () () () () () ()
			84	City		E1 85	Zip Code
44 - Dispussed	to the provisions of Continue CO7 Of	502 and 607 1500 Elegate Statut	an the above	named com	and a submite this statement for the	number of changin	- ita rosistarad
office or	registered agent, or both, in the Stat	e of Florida. Such change was a	es, the above uthorized by t	he comorati	poration submits this statement for the on's board of directors. I hereby acce	purpose of changing of the appointment a	g its registered
3S agent. La	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statutes.		,,,,,	,	
SIGNATURE							
OICIU II OI IE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE	: Registered Agent	signature require	ed when reinstating); [33]; [3]	DATE	
12.	OFFICERS A	MD DIDECTORS					
·-·	<u> </u>	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 12
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14. 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 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 with all other like empowered.