FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 JUN -1 AM 11:35

DOCUMENT # **194351** **(3)**

1. Corporation Name
BOULTON AGENCY, INC.

Principal Place of Business	Mailing Address
12000 BISCAYNE BLVD., SUITE #502 MIAMI FL 33181-9703	12000 BISCAYNE BLVD., SUITE #502 MIAMI FL 33181-9703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/05/1956**
3a. Date of Last Report: **02/18/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-0777858** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PHILPOTT, ROBERT A.
1460 NE 103 STREET
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	BOON, RAYMOND O.	12 NAME		
STREET ADDRESS	7605 S.W. 159TH TERR.	13 STREET ADDRESS		
CITY ST ZIP	MIAMI, FL	14 CITY ST ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	PHILPOTT, ROBERT A	22 NAME		
STREET ADDRESS	1460 NE 103 ST.	23 STREET ADDRESS		
CITY ST ZIP	MIAMI SHORES FL	24 CITY ST ZIP		
TITLE	D	31 TITLE	VD	☒ Change ☐ Addition
NAME	GARDNER, JOSEPH J	32 NAME	BOON, RAYMOND O. JR	
STREET ADDRESS	9300 W. BAY HARBOR DR.	33 STREET ADDRESS	8500 SW 150 TER	
CITY ST ZIP	BAY HBR ISLAND FL	34 CITY ST ZIP	MIAMI FL 33158	
TITLE	D	41 TITLE	S/VP	☒ Change ☐ Addition
NAME	FEUERBACH, ROBERT C.	42 NAME	Fickle Brady O, III	
STREET ADDRESS	8523 NW 27TH DR	43 STREET ADDRESS	8325 SW 163 St.	
CITY ST ZIP	CORAL SPRINGS FL	44 CITY ST ZIP	Miami, FL 33157	
TITLE	D	51 TITLE	VD	☒ Change ☐ Addition
NAME	LEVERONI, JOHN M.	52 NAME	REISMAN, ONDINA	
STREET ADDRESS	2770 NE 30 ST	53 STREET ADDRESS	13720 SW 90 Ave #H	
CITY ST ZIP	LIGHTHOUSE PT FL	54 CITY ST ZIP	Miami, FL 33176	
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	BRYANT, EARLDEEN T.	62 NAME		
STREET ADDRESS	9500 SW 44TH ST	63 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert A. Philpott 4/1/95 305-899-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100172 CP

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **195494** **(0)**

1. Corporation Name
GRANT'S DAIRY, INC.

Principal Place of Business	Mailing Address
RT. 6 BOX 4615 **ARCADIA FL 33821**	**RT. 6 BOX 4615** **ARCADIA FL 33821**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1956**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-0784069**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRANT,WILBUR **RT 6 BOX 4615** **ARCADIA FL 33821**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	11 TITLE	☐ Change ☐ Addition
NAME	**GRANT,WILBUR**	12 NAME	
STREET ADDRESS	**HI-WAY 31 S.#6 BOX 4615**	13 STREET ADDRESS	
CITY ST ZIP	**ARCADIA FL**	14 CITY ST ZIP	
TITLE	**TD**	21 TITLE	☐ Change ☐ Addition
NAME	**FUSCO, ART**	22 NAME	
STREET ADDRESS	**805 E. MAGNOLIA ST.**	23 STREET ADDRESS	
CITY ST ZIP	**ARCADIA FL 33821**	24 CITY ST ZIP	
TITLE	**D**	31 TITLE	☐ Change ☐ Addition
NAME	**FUSCO, NANCY**	32 NAME	
STREET ADDRESS	**805 E. MAGNOLIA ST.**	33 STREET ADDRESS	
CITY ST ZIP	**ARCADIA FL 33821**	34 CITY ST ZIP	
TITLE	**D**	41 TITLE	☐ Change ☐ Addition
NAME	**KNIGHT, JOHN**	42 NAME	
STREET ADDRESS	**RT 2 BOX 272-AA ST.**	43 STREET ADDRESS	
CITY ST ZIP	**FT MEADE FL 33821**	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Wilbur N Grant Pr. 5-22-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone #

0315700 CP