

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 203868 (5)

GREEN OAKS DAIRY, INC.

Mailing Address

STATE ROAD 129
RT 1 BOX 352
MCALPIN FL 32062

2a. Mailing Address

26 Suite, Apt #, etc.

City & State

29	Zip	30	Country
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3. Date Incorporated or Qualified

3a. Date of Last Report

04/27/1995

4. FEI Number

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

10. Name and Address of New Registered Agent

81	Name
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Street Address (P.O. Box Number is Not Acceptable)

City

FL

85	Zip Code
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11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

Signature, typed or printed name of responsible agent and title (applicable)

[illegible]

DATE _____

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1 1 TITLE ☐ Change ☐ Addition

1.2 NAME	
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13 STREET ADDRESS _____

14 CITY ST 216

2.1 TITLE ☐ Change ☐ Addition

22 NAME _____ ☐ Change ☐ Add Item

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: *Douglas Carter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Douglas Carter

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CR2E034 (12/95)