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FILED
May 16 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 # **203868** **(5)**

1. Corporation Name
GREEN OAKS DAIRY, INC.

Principal Place of Business	Mailing Address
STATE ROAD 129 **RT 1 BOX 352** **MCALPIN FL 32062**	**STATE ROAD 129** **RT 1 BOX 352** **MCALPIN FL 32062-9757**

3. Date Incorporated or Qualified: **06/29/1957**
3a. Date of Last Report: **05/31/1996**

2. Principal Place of Business
21 **18843 97th Drive**
Suite, Apt. #, etc.
22
City & State
23 **McAlpin, FL 32062**
Zip 24 Country 25

2a. Mailing Address
26 **18843 97th Drive**
Suite, Apt. #, etc.
27
City & State
28 **McAlpin, FL 32062**
Zip 29 Country 30

4. FEI Number: **59-0816362** ☐ 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

CARTER JR,JOHN F
RT 1, BOX 352
MCALPIN FL 32062

10. Name and Address of New Registered Agent

81 Name: John D. Carter
82 Street Address (P.O. Box Number is Not Acceptable): 18843 97th Drive
83
84 City: McAlpin **FL** 85 Zip Code: 32062

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PD**	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	**CARTER JR,JOHN F**		1.2 NAME		
STREET ADDRESS	**RT 1 BOX 352**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**MCALPIN FL**		1.4 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	2.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	**CARTER,DOUGLAS**		2.2 NAME	John D. Carter	
STREET ADDRESS	**RT 1 BOX 352**		2.3 STREET ADDRESS	18843 97th Drive	
CITY-ST-ZIP	**MCALPIN FL**		2.4 CITY-ST-ZIP	McAlpin, FL	
TITLE	**STD**	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	**CARTER,ELINOR**		3.2 NAME	Elinor Carter	
STREET ADDRESS	**RT 1 BOX 352**		3.3 STREET ADDRESS	18843 97th Drive	
CITY-ST-ZIP	**MCALPIN FL**		3.4 CITY-ST-ZIP	McAlpin, FL	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Elinor Carter Elinor Carter Master 904 342-4155