SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 10:15

DOCUMENT # **226549** **(4)**

1. Corporation Name
MOONEY IRON WORKS, INC.

Principal Place of Business	Mailing Address
1299 N.W. 29TH ST. MIAMI FL 33142	1299 N.W. 29TH ST. MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/01/1959	01/25/1994

2. Principal Place of Business (21)	2a. Mailing Address (26) 8305 SW 116 St.
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28) Miami Fl
Zip (24) / County (25)	Zip (29) 33156 / County (30) Dade

4. FEI Number 59-0871511 ☐ 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	10. Name and Address of New Registered Agent
DAVIS,GERTRUDE M 1411 NW 32ND AVE MIAMI FL 33125	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 filed online.

12. OFFICERS AND DIRECTORS		13. ADDITIONS - NAME & ADDRESS AND TITLE ONLY	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	DAVIS,GERTRUDE M	12 NAME	
STREET ADDRESS	1441 N.W. 32ND AVE.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	DAVIS DOROTHY	22 NAME	
STREET ADDRESS	8305 S W 116TH STREET	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	DAVIS,RONALD A	32 NAME	
STREET ADDRESS	8305 S.W. 116TH STREET	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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	

CR2E034 (3/95)

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: Dorothy L Davis 6-14-95 305 2356757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dorothy L. DAVIS

0048254 CP

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
DIVISION OF CORPORATIONS
95 JUN 26 PM 5:27

DOCUMENT # **234308** **(5)**

1. Corporation Name

TURNER'S PLANTATION DAIRIES, INC.

Principal Place of Business	Mailing Address
300 OREGON STR APT 105 HOLLYWOOD FL 33019 US	300 OREGON STR APT 105 HOLLYWOOD FL 33019 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/12/1960**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 County — 30

4. FEI Number: **59-0887093** ☐ 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	10. Name and Address of New Registered Agent
TURNER, JAMES B 300 OREGON STR APT 105 HOLLYWOOD FL 33019	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 _____ (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	11 TITLE	☐ Change ☐ Addi
NAME	TURNER,JAMES B.	12 NAME	
STREET ADDRESS	LITTLE BOKEELIA ISLAND	13 STREET ADDRESS	
CITY ST ZIP	BOKEELIA FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Ad
NAME	TURNER, THERESA A.	22 NAME	
STREET ADDRESS	LITTLE BOKEELIA ISLAND	23 STREET ADDRESS	
CITY ST ZIP	BOKEELIA FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ A
NAME	FOUT, MARIAN (ASST)	32 NAME	
STREET ADDRESS	LITTLE BOKEELIA ISLAND	33 STREET ADDRESS	
CITY ST ZIP	BOKEELIA FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Ad
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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: JAMES B. TURNER James B. Turner 6/14/95 NONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0000523 CP