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FILED

Jan 28 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 # 228585

(6)

1. Corporation Name

PALM RIVER DAIRY INC



Principal Place of Business

**40421 SPOTO RD.,STATE HWY.39
P O BOX 511
CRYSTAL SPRINGS FL 33524**

Mailing Address

**40421 SPOTO RD.,STATE HWY.39
P O BOX 511
CRYSTAL SPRINGS FL 33524-0511**

3. Date Incorporated or Qualified

10/01/1959

3a. Date of Last Report

02/19/1996

4. FEI Number

59-0874422

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

21
Suite, Apt #, etc.

2a. Mailing Address

26
Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**SPOTO, JOSEPH T.
E. BAY AVENUE & SPOTO LANE
CRYSTAL SPRINGS FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPOTO, NELSON, JR.	
STREET ADDRESS	SPOTO ROAD	
CITY - ST - ZIP	CRYSTAL SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPOTO, FRANCES S.	
STREET ADDRESS	SPOTO ROAD	
CITY - ST - ZIP	CRYSTAL SPRINGS FL	
TITLE	PSM	<input type="checkbox"/> DELETE
NAME	SPOTO, JOSEPH T.	
STREET ADDRESS	SPOTO ROAD	
CITY - ST - ZIP	CRYSTAL SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPOTO, CHRISTINA L.	
STREET ADDRESS	SPOTO ROAD	
CITY - ST - ZIP	CRYSTAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

Joseph T. Spoto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

813-782-6265

Date Daytime Phone #

CR2E034 (9/96)