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

APPROVED AND FILED
95 APR 27 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **240246** **(9)**

1. Corporation Name
PINE VALLEY DAIRY INC

Principal Place of Business	Mailing Address
4520 OLD TAMPA RD. LAKELAND FL 33811-8599	4520 OLD TAMPA RD. LAKELAND FL 33011-8599

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1960	3a. Date of Last Report: 04/07/1994
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: 59-0825297	☐ 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
BUCKLER,JOSEPH 4520 OLD TAMPA RD LAKELAND FL 33811	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, type or print 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	D	11 TITLE	D ☒ Change ☐ Addition
NAME	BUCKLER, BRUCE A	12 NAME	BUCKLER, BRUCE A.
STREET ADDRESS	4205 OLD TAMPA RD	13 STREET ADDRESS	P. O. BOX 1660 NA
CITY ST ZIP	LAKELAND, FL 00000	14 CITY ST ZIP	Mayo, FLORIDA 32066
TITLE	PD	21 TITLE	D ☐ Change ☒ Addition
NAME	BUCKLER, JOSEPH	22 NAME	BUCKLER, STEPHEN P.
STREET ADDRESS	4520 OLD TAMPA RD	23 STREET ADDRESS	3610 W. Bella Vista
CITY ST ZIP	LAKELAND, FL 00000	24 CITY ST ZIP	LAKELAND, FLORIDA 33809
TITLE	VSD	31 TITLE	D ☐ Change ☒ Addition
NAME	BUCKLER, SHIRLEY	32 NAME	BUCKLER, CHARLES T.
STREET ADDRESS	4520 OLD TAMPA RD	33 STREET ADDRESS	1748 WALKER ROAD
CITY ST ZIP	LAKELAND, FL 00000	34 CITY ST ZIP	LAKELAND, FLORIDA 33809
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	BUCKLER, BEVERLY JO
STREET ADDRESS		43 STREET ADDRESS	4520 OLD TAMPA RD.
CITY ST ZIP		44 CITY ST ZIP	LAKELAND, FLORIDA 33811
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	D BUCKLER, BERNICE J.
STREET ADDRESS		53 STREET ADDRESS	4520 OLD TAMPA RD.
CITY ST ZIP		54 CITY ST ZIP	LAKELAND, FLORIDA 33811
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

5/23

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: Joseph Buckler 4-22-95 813-686-3458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH BUCKLER

0316377 CP