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FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 240246 (9)
1. Corporation Name
PINE VALLEY DAIRY INC



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

Mailing Address
4520 OLD TAMPA RD.
LAKELAND FL 33811-8599

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/14/1960	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0825297	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BUCKLER, JOSEPH
4520 OLD TAMPA RD
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	BUCKLER, BRUCE A	1.2 NAME	BASS, Bernice J.
STREET ADDRESS	646 PINE RIDGE DAIRY KRD.	1.3 STREET ADDRESS	4205 Old Tampa Rd.
CITY-ST-ZIP	FRUITLAND PARK FL	1.4 CITY-ST-ZIP	LAKELAND, FL 33811-1123
TITLE	PD	2.1 TITLE	
NAME	BUCKLER, JOSEPH	2.2 NAME	
STREET ADDRESS	4520 OLD TAMPA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	
NAME	BUCKLER, SHIRLEY	3.2 NAME	
STREET ADDRESS	4520 OLD TAMPA RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BUCKLER, STEPHEN P	4.2 NAME	
STREET ADDRESS	4003 SILVERSPRING DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BUCKLER, CHARLES T	5.2 NAME	
STREET ADDRESS	1748 WALKER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BUCKLER, BEVERLY JO	6.2 NAME	
STREET ADDRESS	4520 OLD TAMPA RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	

14. I 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 _____ DATE 3/27/98 9:11-191-3452

CR2E034 (10/97)