


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90091 015 ***150.00

0434398

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 240246

1. Corporation Name
PINE VALLEY DAIRY INC

Principal Place of Business
4520 OLD TAMPA RD.
LAKE LAND FL 33811-1123
US

Mailing Address
4520 OLD TAMPA RD.
LAKE LAND FL 33811-1123
US



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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BUCKLER, JOSEPH 4520 OLD TAMPA RD LAKE LAND FL 33811		Shirley P. Buckler 4520 Old Tampa Rd. Lakeland FL 33811	

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 Shirley P. Buckler, Pres. **Shirley P. Buckler, President** DATE **3-26-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLER, BRUCE A	1.2 NAME	Buckler, Bruce A
STREET ADDRESS	646 PINE RIDGE DAIRY KRD.	1.3 STREET ADDRESS	Rt. 2, Box 875
CITY-ST-ZIP	FRUITLAND PARK FL	1.4 CITY-ST-ZIP	Mayo, FL 32066
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCKLER, JOSEPH	2.2 NAME	Bass, Bernice J
STREET ADDRESS	4520 OLD TAMPA RD	2.3 STREET ADDRESS	4205 Old Tampa Rd.
CITY-ST-ZIP	LAKE LAND FL	2.4 CITY-ST-ZIP	Lakeland, FL 33811-1123
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLER, SHIRLEY	3.2 NAME	Buckler, Shirley
STREET ADDRESS	4520 OLD TAMPA RD	3.3 STREET ADDRESS	4520 Old Tampa Rd.
CITY-ST-ZIP	LAKE LAND FL	3.4 CITY-ST-ZIP	Lakeland, FL 33811-1123
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLER, STEPHEN P	4.2 NAME	Buckler, Stephen P
STREET ADDRESS	4003 SILVERSPRING DRIVE	4.3 STREET ADDRESS	4003 Silverspring Drive
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	Plant City, FL 33567
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLER, CHARLES T	5.2 NAME	Buckler, Charles T
STREET ADDRESS	1748 WALKER ROAD	5.3 STREET ADDRESS	9410 Carolina Way
CITY-ST-ZIP	LAKE LAND FL	5.4 CITY-ST-ZIP	Old Town, FL 32680
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLER, BEVERLY JO	6.2 NAME	Buckler, Beverly Jo
STREET ADDRESS	4520 OLD TAMPA RD	6.3 STREET ADDRESS	4520 Old Tampa Rd.
CITY-ST-ZIP	LAKE LAND FL	6.4 CITY-ST-ZIP	Lakeland, FL 33811-1123

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, with all other like empowered.

SIGNATURE: Shirley P. Buckler **Shirley P. Buckler, President** DATE **3-26-99** DAYTIME PHONE # **(941) 686-3458**

CR2E034 (11/98)