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



FLORIDA DEPARTMENT OF STATE

	UAL REPORT 1997	Secre	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Secretary of State			
	MENT # 2403 S DAIRY SUPPLY, INC.	388 (9)							A.A.
Principal Place of Business Mailing Address									
7750 GALL BI P. O. BOX 60 ZEPHYRHILLS)5		P. O. BOX 605 ZEPHYRHILLS FL 33539-0605			Date Incorporated or Qualified			
US		US				3. Date incorporated or Qualified 09/19/1960		ite of Last Re 05/1996	aport
· · ·	Place of Business	2a. Mailing Address				4. FEI Number	1	Ap	plied For
Suite, Apt	. #, etc	26 Suite: Apt. #, etc.				59-0953629	r1	\$8.75 A	t Applicable
22		27	·			5. Certificate of Status Desired		Fee Re	
City & Sta	te	City & State				6. Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added to	
23 Zip	Country	Zip	Cc	untry		8. This corporation has liability for			
24	25	29	30				Yes [
00	9. Name and Address of t	Current Hegistered Agent		81	Name	10. Name and Address of New R	egistered	Agent	
GORE,F L 7750 GALL BLVD						dress (P.O. Box Number is Not Accepta	halin X		
ZEPHYRHILLS FL 33540				82	Street Add	aress (P.O. Box Number is Not Accepta	Die)		
				83					
				64	City		FL	85 Zip (Code
SIGNATURE	Signature, typed or proned carrie of regis	tered agent and fills if applicable (N	OTE: Registe	ed Ag		rporation submits this statement for the ation's board of directors. I hereby acce ured when reinstatings	DATE		
12.	PD	RS AND DIRECTORS DELETE	13.	TITLE	- 1-	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR:	S IN 12
NAME	GORE.F L			NAME	Ì			C. C. C. III	Mada Sir
STREET ADDRESS	N. 2 MILES ON WIRE RE).	1.3	STREET	ADDRESS				
CITY-ST-ZIF	ZEPHRYHILLS FL	DIST		CITY-S	ST - ZIP			T Obs.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME	SD GORE,FAYE	☐ DELETE		TITLE NAME	1			Change	Addition
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP	ZEPHRYHILLS FL		2.4	CITY-	ST-ZIP				
TITLE	VD	☐ DELETE		TITLE				Change	Addition
NAME STREET ADDRESS	HARWELL, MICHAEL N 2 MILES ON WIRE RD)		NAME Street	ADDRESS				
CITY - ST - ZIP	ZEPHYHILLS FL	r			ST-ZIP				
TITLE		DELETE		TITLE				Change	Addition
NAME				NAME	į į				
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP TITLE		DELETE		CITY-S TITLE	ST - ZIP			Change	Addition
NAME	-		1	NAME	[
STREET ADDRESS			5.3	STREE	ADDRESS				
CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,			ST-ZIP	: 	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	1	TITLE				Change	Addition
STREET ADDRESS			- 6	name Street	ADDRESS				
CITY ST. 7(P	}				T-71P				

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 chapter or an attachment with an address.

SIGNATURE:

FILED

Jan 17 1997 8:00am