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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **240722** **(9)**

1. Corporation Name

SHADY GROVE DAIRY FARM INC

Principal Place of Business	Mailing Address
STRATTON RD (AT END 3/4 MILE FROM AIA) P.O. BOX 544 CALLAHAN FL 32011	STRATTON RD (AT END 3/4 MILE FROM AIA) P.O. BOX 544 CALLAHAN FL 32011

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1960
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business	2a. Mailing Address
21	26 P.O Box 828
Suite, Apt. #, etc. 22 P.O. BOX 828	Suite, Apt. #, etc. 27 CALCAHAN, FL
City & State 23 CALLAHAN FL	City & State 28 32011 U.S.A.
Zip 24 32011 Country 25 USA	Zip 29 Country 30

4. FEI Number: 59-0693287 ☐ 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

7. 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
PETERSON, ANTHONY C. STRATON ROAD AT END 3/4 MILE FROM AIA CALLAHAN FL 32011	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, typed or printed 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	P	11 TITLE	☐ Change ☐ Addition
NAME	PETERSON, ANTHONY C.	12 NAME	
STREET ADDRESS	STRATTON RD.	13 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	PETERSON, SYLVIA S.	22 NAME	
STREET ADDRESS	STRATTON RD.	23 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	SWILLEY, BRIAN K.	32 NAME	
STREET ADDRESS	STRATTON RD.	33 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Sylvia S. Peterson sec-treas. 4-5-95 904-879-2156 904-879-5670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400083 FP