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Jan 16 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 # **240722** (9)

1. Corporation Name
SHADY GROVE DAIRY FARM INC

Principal Place of Business	Mailing Address
STRATON RD. AT END 3/4 MILES FROM A-1-A CALLAHAN FL 32011 US	5005 STRATON ROAD CALLAHAN FL 32011

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Stratton Road Suite, Apt. #, etc. 22 At dead end City & State 23 Callahan Florida Zip 24 32011 Country 25 U.S.A.	2a. Mailing Address 26 5005 Stratton Rd Suite, Apt. #, etc. 27 City & State 28 Callahan, Florida Zip 29 32011 Country 30 U.S.A.

3. Date Incorporated or Qualified
09/30/1960

4. FEI Number
59-0893287
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PETERSON, ANTHONY C. 5005 STRATON ROAD 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, ANTHONY C.		1.2 NAME	
STREET ADDRESS	5005 STRATON ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, FLOYD		2.2 NAME	
STREET ADDRESS	5005 STRATON ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011		2. 4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FITZPATRICK, MARY		3.2 NAME	
STREET ADDRESS	1210 HOPEWELL CREST		3.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30201		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: Anthony C. Peterson Anthony C. Peterson Jan 4 '98 904 879-4304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0016237