FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 APR -6 AM 9:55

DOCUMENT # **246545** **(8)**

1. Corporation Name
BOYNTON BEACH DAIRIES, INC.

Principal Place of Business	Mailing Address
419 S.E. 8TH AVENUE OKEECHOBEE FL 34972	419 S.E. 8TH AVENUE OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/01/1961
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business	2a. Mailing Address
21 2411 N.E. 54th Trail	26 2411 N.E. 54th Trail
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Okeechobee, FL	City & State 28 Okeechobee, FL
Zip: 24 34972 Country: 25 U.S.	Zip: 29 34972 Country: 30 U.S.

4. FEI Number: 59-0921430 ☐ 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 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
BURNHAM, AUBREY L. 419 S.E. 8TH AVENUE OKEECHOBEE FL 34974	81 Name: Douglas Burnham 82 Street Address (P.O. Box Number is Not Acceptable): 2411 N.E. 54th Trail 83 84 City: Okeechobee FL 85 Zip Code: 34972

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: Douglas Burnham 3/29/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☒ Change ☐ Addition
NAME	BURNHAM, A.L.	12 NAME		
STREET ADDRESS	419 SE 8TH AVE	13 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 00000	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VS	☒ Change ☐ Addition
NAME	BURNHAM, RANDY	22 NAME		
STREET ADDRESS	419 SE 8TH AVE	23 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 00000	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE	D	☒ Change ☐ Addition
NAME	BURNHAM, WANDA	32 NAME		
STREET ADDRESS	419 SE 8TH AVE	33 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 00000	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE	PT	☒ Change ☐ Addition
NAME	BURNHAM, DOUGLAS	42 NAME		
STREET ADDRESS	419 SE 8TH AVE.	43 STREET ADDRESS	2411 N.E. 54th Trail	
CITY-ST-ZIP	OKEECHOBEE FL	44 CITY-ST-ZIP	Okeechobee, FL 34972	
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 addition.

SIGNATURE: Douglas Burnham 3/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date (Required Fields)

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