FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 26, 2002 8:00 am Secretary of State 276480 **DOCUMENT #** 1. Entity Name PINE RIDGE DAIRY, INC. 06-26-2002 90072 044 ***550 00 Principal Place of Business Mailing Address P O BOX 448 2 1/2 MILES W. FRUITLAND PARK ON 466A P.O. BOX 448 FRUITLAND PARK FL 34731 FRUITLAND PARK FLA 34731 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1031349 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JEFFCOAT.BERNICE W. Street Address (P.O. Box Number is Not Acceptable) 2 1/2 MILES W. FRUITLAND PK ON 466A FRUITLAND PARK FL 34731 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change ☐ Addition TITLE JEFFCOAT, BERNICE NAME NAME STATE HWY. 466-A STREET ADDRESS STREET ADDRESS FRUITLAND PARK FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE EASLEY, CADE NAME NAME 626 PINE RIDGE DAIRY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FRUITLAND, PARK, FL. CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OF PHATED NAME OF SIGNING OFFICER OF DIRECT

5-31-02

Daytime Phone #