

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

APPROVED
AND
FILED

95 FEB 27 AM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 299243

(6)

1. Corporation Name

J.S. CLOYD DAIRIES, INC.

Principal Place of Business

Mailing Address

% JOHN L. CLOYD
RT. 1, BOX 84
JASPER FL 32052

% JOHN L. CLOYD
RT. 1, BOX 84
JASPER FL 32052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1965

3a. Date of Last Report

03/10/1994

4. FEI Number

59-1110756

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

2. Principal Place of Business

2a. Mailing Address

21 Hamilton Co. Fla.

26 Rt 1 Box 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Jasper Fla

28 Jasper FL

24 Zip

Country

29 Zip

Country

32052

Hamilton

32052

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLOYD, JOHN L.
RT. 1, BOX 84
JASPER FL 32052

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

Signature typed for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required unless corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VS
NAME	CLOYD, LINDA
STREET ADDRESS	RT 1 BOX 84
CITY, ST, ZIP	JASPER FL
TITLE	PT
NAME	CLOYD, JOHN
STREET ADDRESS	RT 1 BOX 84
CITY, ST, ZIP	JASPER FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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(2)(b), 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:

John L. Cloyd
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2/4/95

904 792 1914