

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 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 # 300258 (1)
1. Corporation Name
MILKY WAY FARMS, INC.

Principal Place of Business Mailing Address
12211 UPPER MANATEE RIVER RD.
BRADENTON FL 34202 12211 UPPER MANATEE RIVER RD.
BRADENTON FL 34202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 12/29/1965	
4. FEI Number 59-1123532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent REAGAN, CECIL L. 12211 UPPER MANATEE RIVER RD. BRADENTON FL 34202	
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10. Name and Address of New Registered Agent	
81 Name Cecil L Reagan	
82 Street Address (P.O. Box Number is Not Acceptable) 12211 UPPER MANATEE RIVER RD	
83	
84 City BRADENTON	85 Zip Code FL 34202

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 CECIL L. REAGAN PH 748-4228
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	REAGAN, CECIL L.
STREET ADDRESS	12211 UPR MANATEE RVR RD
CITY-ST-ZIP	BRADENTON FL
TITLE	VD
NAME	GRIFFIN, KENNETH H.
STREET ADDRESS	12455 UPR MANATEE RVR RD
CITY-ST-ZIP	BRADENTON FL
TITLE	S
NAME	REAGAN, BETTY SUE
STREET ADDRESS	12211 UPR MANATEE RVR RD
CITY-ST-ZIP	BRADENTON FL
TITLE	AV
NAME	REAGAN, T.W.
STREET ADDRESS	RT. 1, BOX 603-3
CITY-ST-ZIP	MCALPIN FL
TITLE	AV
NAME	LOWE, C.W.
STREET ADDRESS	RT. 1, BOX 603-2
CITY-ST-ZIP	MCALPIN FL
TITLE	AV
NAME	REAGAN, PAUL DEAN
STREET ADDRESS	14204 UPR MANATEE RUV RD
CITY-ST-ZIP	BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 Cecil L Reagan 4-22-98

CP2E034 (10/97)