

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 337607 (6)
 1. Corporation Name
ROLLING HILLS DAIRY, INC.

Principal Place of Business W. SIDE HWY. 41 RT. 2, BOX 23 ARCHER FL 32618	Mailing Address 10310 S.W. ST. 45 RT. 2, BOX 23 ARCHER FL 32618-0423 US
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2. Principal Place of Business 21 2631 NW 41st. Street Suite, Apt. #, etc. 22 Suite C-2 City & State 23 Gainesville, FL Zip Country 24 32606 USA		2a. Mailing Address 26 P.O. Box 950 Suite, Apt. #, etc. 27 City & State 28 Archer, FL Zip Country 29 32618 USA		3. Date Incorporated or Qualified 11/13/1968	3a. Date of Last Report 03/14/1996
		4. FEI Number 59-1225611		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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HUFTY, JOHN A 10310 SW SR 45 ARCHER FL 32618		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1152 Lake Clark Drive 83 84 City West Palm Beach, FL 85 Zip Code 33406	
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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE PTS NAME HUFTY, JOHN A STREET ADDRESS W SIDE HWY 41 CITY-ST-ZIP ARCHER, FL 00000	<input type="checkbox"/> DELETE	13.1 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1152 Lake Clarke Drive 1.4 CITY-ST-ZIP West Palm Beach, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 TITLE D NAME HUFTY, JOHN A STREET ADDRESS W SIDE HWY 41 CITY-ST-ZIP ARCHER, FL 00000	<input type="checkbox"/> DELETE	13.2 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 1152 Lake Clarke Drive 2.4 CITY-ST-ZIP West Palm Beach, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 TITLE PT NAME HUFTY, JOHN A. STREET ADDRESS W. SIDE HWY. 41 CITY-ST-ZIP ARCHER FL	<input type="checkbox"/> DELETE	13.3 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 1152 Lake Clarke Drive 3.4 CITY-ST-ZIP West Palm Beach, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	13.4 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	13.5 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	13.6 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: John A. Hufty **REQUIRED** John A. Hufty 4-9-97 352-495-2279
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)