

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 22 1997 8:00am  
Secretary of State

DOCUMENT # 347463

(2)

1. Corporation Name

TRAIL DAIRY INC

Principal Place of Business

8100 BAYSHORE RD.  
P.O. BOX 3514  
N. FT. MYERS FL 33918-0514

Mailing Address

8100 BAYSHORE RD.  
P.O. BOX 3514  
N. FT. MYERS FL 33918-3514

3. Date Incorporated or Qualified

06/06/1969

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

59-1278374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

PETERSON, SCOTT D.  
5611 BURNHAM CT.  
N.FORT MYERS FL 33903

10. Name and Address of New Registered Agent

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD  
NAME PENNINGTON, NORMA C.  
STREET ADDRESS 1810 CHERIE LANE  
CITY-ST-ZIP N FT MYERS, FL 00000

TITLE VP  
NAME BECK, NORMAN S.  
STREET ADDRESS 8100 BAYSHORE RD.  
CITY-ST-ZIP N.FORT MYERS FL

TITLE SD  
NAME PETERSON, GINA B.  
STREET ADDRESS 5611 BURNHAM COURT  
CITY-ST-ZIP N.FORT MYERS FL

TITLE PD  
NAME PETERSON, SCOTT D.  
STREET ADDRESS 5611 BURNHAM COURT  
CITY-ST-ZIP N.FORT MYERS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME D  
5.3 STREET ADDRESS Clemons, Norman F  
5.4 CITY-ST-ZIP 2750 Trail Dairy Circle  
N. Fort Myers, FL 33918

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME D  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

941-731-6143

Date

Daytime Phone #

CR2E034 (9/96)