

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

FILED
Apr 23 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 # 347463 (2)
1. Corporation Name
TRAIL DAIRY INC



Principal Place of Business Mailing Address
8100 BAYSHORE RD. 8100 BAYSHORE RD.
P.O. BOX 3514 P.O. BOX 3514
N. FT. MYERS FL 33918-0514 N. FT. MYERS FL 33918-0514

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 2750 Trail Dairy Circle 26 P. O. Box 3514
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 2750 Trail Dairy Circle
City & State
23 N. Ft. Myers, FL 33917 28 N. Ft. Myers, FL 33918
Zip Country Zip Country
24 Lee 29 Lee 30 Lee

3. Date Incorporated or Qualified
06/06/1969
4. FEI Number Applied For
59-1278374 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNINGTON, NORMA C.	1.2 NAME	
STREET ADDRESS	1810 CHERIE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, NORMAN S.	2.2 NAME	
STREET ADDRESS	8100 BAYSHORE RD.	2.3 STREET ADDRESS	Beck, Norman S. 8472 Vickers Road
CITY-ST-ZIP	N.FORT MYERS FL	2.4 CITY-ST-ZIP	Hahira, GA 31632
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, GINA B.	3.2 NAME	
STREET ADDRESS	5611 BURNHAM COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	N.FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, SCOTT D.	4.2 NAME	
STREET ADDRESS	5611 BURNHAM COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	N.FORT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMONS, NORMAN F	5.2 NAME	
STREET ADDRESS	2750 TRAIL DAIRY CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	N FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

[Signature]

01/17/98

(941) 731-6143

CR2E034 (10/97)