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**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90146 032 \*\*\*150.00

0450016

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 347463**

1. Corporation Name  
**TRAIL DAIRY INC**

Principal Place of Business

2750 TRAIL DAIRY CIR  
N. FT. MYERS FL 33917  
US

Mailing Address

P O BOX 3514  
2750 TRAIL DAIRY CIR  
N. FT. MYERS FL 33918  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1969

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS BECK, NORMAN S.  
CITY-ST-ZIP 8472 VICKERS RD  
HAHIRA GA 31632

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

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

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS CLEMONS, NORMAN F  
CITY-ST-ZIP 2750 TRAIL DAIRY CIR  
N FT. MYERS FL

TITLE ☐ DELETE  
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  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Norman F. Clemons* REQUIRED, Director 4/29/99 (940) 431-6143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)