

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

FILED  
Mar 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 350310 (9)</b>			
1. Corporation Name <b>POSEY DAIRY, INC.</b>			
Principal Place of Business <b>POSEY DAIRY, INC. 15402 HWY 70 E OKEECHOBEE FL 34972 US</b>		Mailing Address <b>POSEY DAIRY, INC. 15402 HWY 70 E OKEECHOBEE FL 34972 US</b>	
2. Principal Place of Business 21 <b>3600 St. Rd. 70 West</b> Suite, Apt. #, etc. 22 City & State 23 <b>Lake Placid, FL</b> Zip 24 <b>33852</b> Country 25 <b>US</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent <b>POSEY, Z T 15402 HWY 70 E OKEECHOBEE FL 34972</b>		10. Name and Address of New Registered Agent 81 Name <b>Elvie Posey</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>15402 HWY 70 E</b> 83 <b>Okeechobee, FL 34972</b> 84 City <b>FL</b> 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: <i>Elvie Posey</i> (NOTE: Registered Agent signature required when reinstating) DATE:			
12. OFFICERS AND DIRECTORS			
TITLE	P <b>POSEY, Z T</b>	<input checked="" type="checkbox"/> DELETE	
NAME	<b>15402 HWY 70 E.</b>		
STREET ADDRESS	<b>OKEECHOBEE FL</b>		
CITY-ST-ZIP			
TITLE	VP <b>NATHAN POSEY</b>	<input type="checkbox"/> DELETE	
NAME	<b>15402 HWY 70 E</b>		
STREET ADDRESS	<b>OKEECHOBEE FL</b>		
CITY-ST-ZIP			
TITLE	S <b>ROSEMARY POSEY</b>	<input type="checkbox"/> DELETE	
NAME	<b>15402 HWY 70 E.</b>		
STREET ADDRESS	<b>OKEECHOBEE FL</b>		
CITY-ST-ZIP			
TITLE	T <b>REBECCA POSEY SMITH</b>	<input type="checkbox"/> DELETE	
NAME	<b>15402 HWY 70 E.</b>		
STREET ADDRESS	<b>OKEECHOBEE FL</b>		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	President <b>Elvie Posey</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	<b>15402 HWY 70 E</b>		
1.3 STREET ADDRESS	<b>Okeechobee, FL 34972</b>		
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: <i>Elvie Posey</i>			



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>08/04/1969</b>	
4. FEI Number <b>59-1270931</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CR2E034 (10/97)