


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90008 019 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 350310**

1. Corporation Name  
**POSEY DAIRY, INC.**



Principal Place of Business  
**3600 ST RD 70 WEST**  
**LAKE PLACID FL 33852**  
**US**

Mailing Address  
**POSEY DAIRY, INC.**  
**15402 HWY 70 E.**  
**OKEECHOBEE FL 34972**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/04/1969</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1270931</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>POSEY, Z T</b> <b>15402 HWY 70 E</b> <b>OKEECHOBEE FL 34972</b>				10. Name and Address of New Registered Agent	
<p><i>I changed this 2 years in a row -</i></p>				81	Name <b>Elvie Posey</b>
				82	Street Address (P.O. Box Number is Not Acceptable) <b>15402 HWY 70 E</b>
				83	City, State & Zip <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>[Signature]</i> DATE <b>5-19-99</b>	
(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS	
LE POSEY, ELVIE 15402 HWY 70 E. OKEECHOBEE FL 34972	<input type="checkbox"/> DELETE
VP NATHAN POSEY 15402 HWY 70 E OKEECHOBEE FL	<input type="checkbox"/> DELETE
S ROSEMARY POSEY 15402 HWY 70 E. OKEECHOBEE FL	<input type="checkbox"/> DELETE
T REBECCA POSEY SMITH 15402 HWY 70 E. OKEECHOBEE FL	<input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* **Elvie Posey** 4-31-99

CR2E034 (1/98)