FILED Apr 30, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

•	1999	O ME THE	DIVISION OF CO	RPORATI	IONS]	04-30-1999 90.	1 /4 044 ***15	0.00
i. Corporador		523								
FIELD DAIRY INC										
									 	
			127.7							356) 656 1 55
Principal Place of Business Mailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	118: St.11 SAIA: AISIA 11206 :	,	. 6.5 6.6
4200 SW 33 CT P.O. BOX 4073 HOLLYWOOD FL 33023 W HOLLYWOOD FL 33083 US US							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
	,						08/08/196			
Principal Place of Business 2a. Mailing Address							4. FEI Number			Applied For
21	21 26						59-12769	19		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of	Status Desired		Additional
22 27							3. Octavolio di	Otatas Desired	Fee F	Required
City & State City & State			State				1	npaign Financing _F		May Be
23	28						Trust Fund (Contribution	Adde	to Fees
Zip	Country Zip			Country				tion owes the current		
24	25 29 30						Personal Pro	<u> </u>	☐ Yes	□No
	9. Name and Address	of Current Registered A	gent	81	T		10. Name and	Address of New Reg	istered Agent	
	PAAN CLADA E			81	Na	ame				
GETTMAN, CLARA F. 4200 SW 33 CT				82 Stree		reet Addre	ss (P.O. Box Num	ber is Not Acceptable	9)	
1				L_	L					
HOLLYWOOD FL 33023				83						
·				84	Çi	ty	FL 85 Zip Code			Code
				456	<u> </u>		tine aubmite this	statement for the nu		te registered
office or re	to the provisions of Section egistered agent, or both, in m familiar with, and accept	the State of Florida, Such	n change was auth	onzed by	the	med corpo corporation	ration submits this n's board of directo	ors. I hereby accept the	ne appointment as	registered
SIGNATURE	Signature, typed or printed name of re	A della Managaria	A)OTE, Ba	austored Ages	nt nian	atura roquirad	when reinstating)	<u>,</u>	DATE	
12.		CERS AND DIRECTORS		13.	in agra	alore required		CHANGES TO OFFIC		ORS IN 12
TITLE	TAS DELETE			1.1 TITLE					☐ Change	
NAME	COLEMAN, PAT			1.2 NAME						
STREET ADDRESS	2736 ROWAN DRIVE			1.3 STREET ADDRESS						
CITY-ST-ZIP	ZANESVILLE OH 43701			1.4 CITY-ST-ZIP						Į
TITLE	VPS DELETE			2.1 TITLE					☐ Change	Addition
NAME	FIELD JR.,JOHN WALKER			2.2 NAME						
STREET ADDRESS	323 SW. 16TH STREET			2.3 STREET ADDRESS		RESS				l
CITY-ST-ZIP	FT. LAUDERDALE FL			2.4 CITY-ST-ZIP		,				
TITLE	P DELETE			3.1 TITLE				-	☐ Chang	Addition
NAME	GETTMAN, CLARA F.			3.2 NAME				•		1
STREET ADDRESS					3.3 STREET ADDRESS					\ \
l J					3.4. CITY-ST-ZIP					1
TITLE	HOLLINOOD IL		DELETE	4.1 TITLE	<u></u>			315-	Change	Addition
1 ""				4 0 11111						

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 eddress, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE: OFFICER OR DIRECTOR

Change

Change

Addition

☐ Addition