2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 27, 2000 8:00 am DOCUMENT # 359929 1. Entity Name **Secretary of State** GERBER DAIRY, INC. 01-27-2000 90076 046 ***150.00 Principal Place of Business Mailing Address PO BOX 2116 2607 GERBER DAIRY ROAD WINTER HAVEN FL 33883-2116 WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1293385 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GERBER, DANIEL S Street Address (P.O. Box Number is Not Acceptable) 260 LAKE MCLEOD DR WINTER HAVEN FL 33880 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete TITLE TITLE GERBER, DANIEL S NAME NAME STREET ADDRESS STREET ADDRESS 260 LAKE MC LEDD DR. CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Addition ☐ Change ☐ Delete TIT! F GERBER, JULETTE NAME NAME STREET ADDRESS 260 LAKE MC LEDD DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WINTER HAVEN FL 33880 ☐ Change ☐ Addition TITLE ☐ Delete GERBER, WILLIAM J. - -NAME

TITLE NAME 2607 GERBER DAIRY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE WINTER HAVEN FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

Gerber (Pres) Jan 18, 200) (8 62) 293 7885