

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

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 375609 (5)

1. Corporation Name
RUSSELL DAIRY, INC.

Principal Place of Business
P. O. BOX 815
BRANDON FL 33509-7815

Mailing Address
P. O. BOX 815
BRANDON FL 33509-0815



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1971	3a. Date of Last Report 04/02/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-1316595	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CAREY, WILLIAM O
2517 W BRANDON BLVD
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name
Gertrude E. Carey
82 Street Address (P.O. Box Number is Not Acceptable)
1602 Cottagewood Drive
83
84 City
Brandon FL 85 Zip Code
33510

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 Gertrude E. Carey DATE 4/7/97
Signature, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, GERTRUDE	1.2 NAME	
STREET ADDRESS	1602 COTTAGEWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, WILLIAM O	2.2 NAME	
STREET ADDRESS	1602 COTTAGEWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, GERTRUDE	3.2 NAME	
STREET ADDRESS	1602 COTTAGEWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Gertrude E. Carey DATE: 4/3/97 (813) 680-1260

CR2E034 (9/96)