


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 384820 (7)			
1. Corporation Name MAIDEN HILL DAIRY, INC.			
Principal Place of Business 11451 BROWNING ROAD LITHIA FL 33547		Mailing Address 11451 BROWNING ROAD LITHIA FL 33547	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 06/29/1971		3a. Date of Last Report 05/01/1995	
4. FEI Number 59-1479220		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent TRINKLE (ROBERT S) 306 W REYNOLDS ST PLANT CITY FL 33566		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 Signature: typed or printed name of registered agent and line if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	BLACKADAR, SANDRA J.		
STREET ADDRESS	BROWNING ROAD		
CITY-ST-ZIP	LITHIA FL		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	BLACKADAR, VERNON		
STREET ADDRESS	BROWNING ROAD		
CITY-ST-ZIP	LITHIA FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BLACKADAR, DAVID		
STREET ADDRESS	12063 BROWNING RD		
CITY-ST-ZIP	LITHIA FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BLACKADAR, DOUGLAS		
STREET ADDRESS	3508 HOLLOWAY RD		
CITY-ST-ZIP	PLANT CITY FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	REED, RONNIE		
STREET ADDRESS	DORMAN ROAD		
CITY-ST-ZIP	LITHIA FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Vernon E. Blackadar</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (3/96)

6/28/96 8136892989
Date Daytime Phone