FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **404892** **(2)**

1. Corporation Name

RED TOP DAIRY, INC

Principal Place of Business	Mailing Address
7535 HWY 710 P O BOX 1252 OKEECHOBEE FL 34974-1248	POST OFFICE BOX 1252 P O BOX 1252 OKEECHOBEE FL 34973 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/13/1972**

3a. Date of Last Report: **06/15/1994**

2. Principal Place of Business	2a. Mailing Address
21 7535 Hwy 710	26 P.O. Box 1252
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Okeechobee Fl	City & State 28 Okeechobee
Zip / Country 24 34974 / 25 Okeechobee	Zip / Country 29 34973 / 30 Okeechobee

4. FEI Number: **59-1428938** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUCKS,YOUNG **2813 S.E. 19TH COURT** **OKEECHOBEE FL 34974**	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 _____ Date 4/27/95

(Signature, typed or printed name of Registered Agent, and title if signing for corporation) (the NEW Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSD	11 TITLE	☐ Change ☐ Addition
NAME	CURREN, WILLIAM H.	12 NAME	
STREET ADDRESS	POB 1252 2200 SE HWY 441	13 STREET ADDRESS	
CITY ST ZIP	OKEECHOBEE FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	CURREN, SABA	22 NAME	
STREET ADDRESS	POB 1252 2200 SE HWY 441	23 STREET ADDRESS	
CITY ST ZIP	OKEECHOBEE FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	RUCKS, YOUNG	32 NAME	
STREET ADDRESS	2813 S.E. 19TH COURT	33 STREET ADDRESS	
CITY ST ZIP	OKEECHOBEE FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	RUCKS, LINDA	42 NAME	
STREET ADDRESS	2813 S.E. 19TH COURT	43 STREET ADDRESS	
CITY ST ZIP	OKEECHOBEE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that this information supplied with this filing is voluntarily furnished and 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: Young Rucks Young Rucks Vice Pres. 4/27/95 813-763-3488

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0464210 FP