FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 05, 1996 08:00 AM
Secretary of State

DOCUMENT # **422194** **(1)**

1. Corporation Name

SHADY RANCH DAIRY INC

Principal Place of Business
9502 180TH ST
LIVE OAK FL 32060
US

Mailing Address
RT 7 BOX 261
LIVE OAK FL 32060
US

3. Date Incorporated or Qualified: 03/28/1973

3a. Date of Last Report: 05/26/1995

4. FEI Number: 59-1536100

☐ 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

2. Principal Place of Business
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 17906 CR 136 Live Oak FL
Suite, Apt. #, etc.
27 ____
City & State
28 Live Oak
Zip 29 32060 Country 30 ____

9. **Name and Address of Current Registered Agent**

NORRIS, DAVID
6066 37TH ST E
PALMETTO FL 34222

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 17906 - CR 136 Live Oak FL 32066
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 title if applicable ____ (NOTE: Registered Agent signature required when reinstating) ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	NORRIS, DAVID M	
STREET ADDRESS	6066 37 ST. E.	
CITY-ST-ZIP	ELLENTON FL	
TITLE	S	☐ DELETE
NAME	NORRIS, BETTY	
STREET ADDRESS	6066 37 ST. E.	
CITY-ST-ZIP	ELLENTON FL	
TITLE	VP	☐ DELETE
NAME	NORRIS, TIM	
STREET ADDRESS	6066 37 STREET EAST	
CITY-ST-ZIP	ELLENTON, FL 34222	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	17906 - CR 136 West	
1.4 CITY-ST-ZIP	Live Oak FL 32060	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	17906 - CR 136 W	
2.4 CITY-ST-ZIP	Live Oak FL 32060	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	17906 - CR 136 W	
3.4 CITY-ST-ZIP	Live Oak, FL 32060	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David M. Norris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 1996 904 362 2699
Date Daytime Phone #