

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **450630** (9)
1. Corporation Name
RICHARDSON'S DAIRY, INC.

Principal Place of Business
**ROUTE 2, BOX 886
WELLBORN FL 32094**

Mailing Address
**ROUTE 13, BOX 390
LAKE CITY FL 32055
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Hwy 135 Suite, Apt. #, etc. 22 City & State 23 LAKE CITY, FL. Zip 24 32055		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 04/18/1974	
4. FEI Number 59-1758391		Applied For <input type="checkbox"/> 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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FRIER, LINDA R 250 HARRIS LAKE DRIVE RT 13 BOX 390 LAKE CITY FL 32055				10. Name and Address of New Registered Agent 81 Name CAROL T RICHARDSON 82 Street Address (P.O. Box Number is Not Acceptable) RT 13 BOX 390 83 250 HARRIS LAKE DRIVE 84 City LAKE CITY FL 85 Zip Code 32055			
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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 *Carol T. Richardson* **CAROL T. RICHARDSON SEC-TREAS 3-24-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDSON, GEORGE W., JR			1.2 NAME			
STREET ADDRESS	250 HARRIS LAKE DR.			1.3 STREET ADDRESS			
CITY - ST - ZIP	LAKE CITY FL			1.4 CITY - ST - ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDSON, CAROL T			2.2 NAME			
STREET ADDRESS	250 HARRIS LAKE DR.			2.3 STREET ADDRESS			
CITY - ST - ZIP	LAKE CITY FL			2.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRIER, LINDA R			3.2 NAME			
STREET ADDRESS	250 HARRIS LAKE DR			3.3 STREET ADDRESS			
CITY - ST - ZIP	LAKE CITY 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 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 *Carol T. Richardson* **CAROL T RICHARDSON 3-24-98 904 7554726**

CR2E034 (10/97)