Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90030 034 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i. Corporation	MENT # 486887 I'S DAIRY OF LIVE OAK, IN	1C.			
Principal Place	of Business	Mailing Address		\$ \$00.111 0/001 1015\$ 04181 (0131 10411 4001 3401)	· #1#11 #1#15 #1#11 #1#13 #1#11 1##1
2197 S. BYRON BUTLER PARKWAY 2197 S. BYRON BUTLER PARKWAY			KWAY		
PERRY FL 32347 PERRY FL 32347				DO NOT WRITE IN THI	IC CDACE
				3. Date Incorporated or Qualified	3 SPACE
				10/01/1975	
2 Date in a 1 Di	and Business	2a. Mailing Address		4. FEI Number	Applied For
<del></del>	ace of Business	— ·		59-1624362	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
·	w, <del>6</del> 10.	27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24	25	29	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
			81 Name		
BASSETT, JAMES C.			82 Street A	ddress (P.O. Box Number is Not Acceptable)	· - · · · · · · · · · · · · · · · · · ·
2197 S. BYRON BUTLER PARKWAY				,	
PERRY FL 32347			83		
			84 City		85 Zip Code
				F	L
office or n agent. I a	to the provisions of Sections 607.050, egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	norized by the corpor	corporation submits this statement for the purpose ration's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE: Re	egistered Agent signature rec		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	BASSETT, JAMES C		1.2 NAME		
STREET ADDRESS	408 GLENRIDGE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 00000		1.4 CiTY-ST-ZiP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BASSETT, JAMES C., JR.		2.2 NAME		
STREET ADDRESS	127 SPRINGHILL RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	V/D	☐ Change 🔀 Addition
NAME			3.2 NAME	BASSETT, WILMER W., III	
STREET ADDRESS			3.3 STREET ADDRESS	P. D. BOX 561	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	MONTICELLO, FL 32345	5 A 448
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Channe DARWin
ਸਿਲਵ		□ DELETE	6.1 TiTLE		☐ Change ☐ Addition

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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

850-584-5149