

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90119 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 542942

1. Corporation Name
DAIRY FEEDS, INC.

Principal Place of Business
**1550 N E 208TH ST
OKEECHOBEE FL 34972**

Mailing Address
**1550 N E 208TH ST
OKEECHOBEE FL 34972**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1977

4. FEI Number

59-1761439

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LARSON, LOUIS E.
400 NW 5 STREET
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

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 ☐ DELETE

NAME **D**
LARSON, LOUISE E. S
STREET ADDRESS **400 NW 5 STR**
CITY-ST-ZIP **OKEECHOBEE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **TD**
LARSON, LOUIS E. JR.
STREET ADDRESS **400 NW 5 STR**
CITY-ST-ZIP **OKEECHOBEE FL**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **P D**
LARSON, LOUIS E. JR.
2.3 STREET ADDRESS **400 NW 5 STR**
2.4 CITY-ST-ZIP **OKEECHOBEE, FL**

TITLE ☐ DELETE

NAME **D**
NANCY JEAN DAVIS
STREET ADDRESS **80 S.W. 8TH STREET SUITE 2110**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **V**
BROOKS, JOHN R.
STREET ADDRESS **1401 S.E. 8TH DR.**
CITY-ST-ZIP **OKEECHOBEE FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
DARRYL MAHAN
STREET ADDRESS **603 E. LAKE SUE AVE**
CITY-ST-ZIP **WINTER PARK FL**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **D**
DARRYL MAHAN
5.3 STREET ADDRESS **16290 BOWLINE ST.**
5.4 CITY-ST-ZIP **BOKEELIA, FL. 33922**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
BOB Rydzewski

1/7/99

941-763-4673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

DAIRY FEEDS, INC.
1550 N. E. 208TH ST.
OKEECHOBEE, FL. 34972

DOC # 542942
97394-90119-2

SD

BOB RYDZEWSKI
1550 N. E. 208TH ST.
OKEECHOBEE, FL. 34972

D

BILL BOWMEN
1550 N. E. 208TH ST.
OKEECHOBEE, FL. 34972

TD

JOHN LARSON
400 NW 5 STR
OKEECHOBEE, FL. 34972