FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 54347

(4)

SUWANNEE RIVER DAIRY, INCORPORATED

Principal Place of Business Mailing Address						e lf (801 810)) (AIBII BIBII DIEII IBEI
RT. 7 BOX LIVE OAK F		RT. 7 BOX 98 LIVE OAK FL 32060						
		_		3. Date incorporated or Qualified 08/19/1977	8/19/1977 01/27/1995		1995	
2. Principal Plac		2a. Mailing Address 26 18348	96 5	1-	4. FEI Number F0-2714015			Applied For
21 18348 96 ST. Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Addition		Not Applicable	
22		27		5. Certificate of Status Desired		Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Re			00 May Be
23 LIVE	Oak FL	28 Live Oak, FL			Trust Fund Contribution Added to Fees			
Tip	Country	Zip 3 2060	Country		8. This corporation has liability for i		cunder s	s 199.032,
24 3201	ວວ 25 ຽບພາມພະເ 9. Name and Address of Curren		30 Jun	onnee	- Florida Statutes Yes 10. Name and Address of New R			
	g. Name and Address of Curren	r negistered Agent	81	Name	10. Name and Address of New A	egistered /	Genr	
Lewis, C. Dean 105 N Ohio Ave.				Street Addi	ress (P.O. Box Number is Not Acceptab	le)		
LIVE OAK FL 32060								
2.20	7411 2 02000		84	City			Tot :	Zun Canda
			04	City		FL	85 7	Zip Code
familiär with SIGNATURE	n, and accept the obligations of, Sections of Sections of Sections of Foods of Professional Officers ANI	on 607,0505, Florida Statutes.	, ,		rd of directors. I hereby accept the appoint of directors and a second of directors and dire	DATE	·	
TITLE	PD	□ DELE TE	1. 1 TIFLE	γ			Change	
NAME	Shurter, Peter	_	1.2 NAME					_
STREET ADDRESS	•	1,3 STREET ADDRESS		1684 182 Kg				
CITY-ST-ZIP	10411 N SILVER LK POINT DUNELLON FL		1.4 CHY-	ST-ZIP	1684 185 Rd Live Oak FL 3	2060		
T-TLE		2 1 THLE				Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2 3 STREE	1 ADDRESS				
CITY-ST-7IP		ET on our	24 CITY	ST · Z:P			-	
TITLE	☐ DELETE		3 1006			L] Change	e
NAME			3.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY - ST - ZIP TITLE		DELETE	3.4 CHY- 4. 1 THUE	51-219			Change	Addition
NAME			4.2 NAME			_	,	
STREET ADDRESS				T ADDRESS				
CITY+ST-ZIP			4.4 CHY-	ST ZIP				
TITLE		☐ DELETE	5. 1 TITLE		The state of the s	Ī	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADORESS				
CITY-ST-ZIP			5.4 C(1)	S1-70F				
TITLE		DELETE	6 1 TITLE] Change	e 🔲 Addition
NAME			6.2 NAME					
STREET ADDRESS				LADDRESS				
CITY-SI-ZIP	continue that the information supplied	with this filma is unfuntarily free.	64CITY-		for the exemption stated in Section 119	OZIGNILI ELA	rida Stat	utas I further
certify that oath; that I	the information indicated on this anni-	ual report or supplemental annu- gration or the receiver or trustee	ual report is tr empowered	ue and accura	ate and that my signature shall have the is report as required by Chapter 607, Fl	same legal	effect as	if made under

SIGNATURE: Driskill Shurler Dribine Steater See Ires. 1/22/96 904 364-5058

32E034 (12/95)