

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 625861 (0)

1. Corporation Name

MORRISSEY DAIRY EQUIPMENT AND SUPPLY COMPANY, INC.

Principal Place of Business

NY, INC.
PASO FINA ROAD
PENNEY FARMS FL 32079

Mailing Address

NY, INC.
PASO FINA ROAD
PENNEY FARMS FL 32079

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 155

State, Apt. #, etc.

State, Apt. #, etc.

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27

City & State

City & State

23

28

Penney Farms, FL

Zip

29

32079

24

30

Clay

g. Name and Address of Current Registered Agent

MORRISSEY, JAMES D
3927 PASO FINA ROAD
PENNEY FARMS FL 32079

11. Pursuant to the provisions of Sections 607.05007 and 607.15004, 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 607.05004, Florida Statutes.

SIGNATURE

Anne L. Morrissey Anne L. Morrissey Secretary/Treas.

4/17/96

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	MORRISSEY, JAMES DAVID	
STREET ADDRESS	PASO FINA RD, PO BOX 124	
CITY-STATE-ZIP	PENNEY FARMS FL	
TITLE	V	DELETE
NAME	MORRISSEY, ANNE L.	
STREET ADDRESS	PASO FINA RD, PO BOX 124	
CITY-STATE-ZIP	PENNEY FARMS FL	
TITLE	ST	DELETE
NAME	MORRISSEY, JEANNETTE	
STREET ADDRESS	PASO FINA RD, PO BOX 155	
CITY-STATE-ZIP	PENNEY FARMS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		
21. TITLE	Change	Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		
25. TITLE	Change	Addition
26. NAME		
27. STREET ADDRESS		
28. CITY-STATE-ZIP		
29. TITLE	Change	Addition
30. NAME		
31. STREET ADDRESS		
32. CITY-STATE-ZIP		
33. TITLE	Change	Addition
34. NAME		
35. STREET ADDRESS		
36. CITY-STATE-ZIP		
37. TITLE	Change	Addition
38. NAME		
39. STREET ADDRESS		
40. CITY-STATE-ZIP		
41. TITLE	Change	Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-STATE-ZIP		
45. TITLE	Change	Addition
46. NAME		
47. STREET ADDRESS		
48. CITY-STATE-ZIP		
49. TITLE	Change	Addition
50. NAME		
51. STREET ADDRESS		
52. CITY-STATE-ZIP		
53. TITLE	Change	Addition
54. NAME		
55. STREET ADDRESS		
56. CITY-STATE-ZIP		
57. TITLE	Change	Addition
58. NAME		
59. STREET ADDRESS		
60. CITY-STATE-ZIP		
61. TITLE	Change	Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-ZIP		

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 the annual report or supplementary 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 person or trusted employee authorized 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 each attachment with an address.

SIGNATURE: Anne L. Morrissey Anne L. Morrissey

4/17/96

904-529-9341

CR2E034 (12/95)