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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # (0)

**FILED** Apr 27 1998 8:00am Secretary of State

MORRI C.	SSEY DAIRY EQUIPMENT	AND SUPPLY COMPA	NY, IN			
Principal Plac	e of Business	Mailing Address				ABIA DIBIA BIBII BIBIF BIBIF 1881
NY. INC. P. O. BOX 155 PASO FINA ROAD PENNEY FARMS FL 32079 PENNY FARMS FL 32079 US			79		DO NOT WRITE IN TH	IS SPACE
		03			3. Date Incorporated or Qualified 06/14/1979	
2. Principal P	Place of Business	2s. Mailing Address			4, FEI Number	Applied For
21		26	26		59-1911094	Not Applicable
Suite, Apt	Suite, Apt. #, etc.	te, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
Crty & Stat	Α	City & State				Fee Required
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	8	1 Nor-	10. Name and Address of New Register	id Agent
	INE L MORRISSEY		8	1 Name		
	27 Paso fina Road NNEY Farms Fl 32079		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
	THE THOUSE COLORS		B	3		
			<u> </u>	1	· · · · <u></u>	
			8-	4 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	02 and 607.1508, Florida Stat	utes, the abo	ve-named cor	poration submits this statement for the nurpose	of changing its registered
agent. La	in familiar with, and accept the oblic	e of Florida. Such change was jations of, Section 607.0505, I	s autnorized i Florida Statuti	by the corpora es.	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE						
40	Signature, typed or printed name of registered ag	ent and title if applicable (No ID DIRECTORS		gent signature requi	ired when reinstating) DATE	
12.	P	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Change Addition
NAME	MORRISSEY, JAMES DAVID	<del></del>	1.2 NAME			
STREET ADDRESS	PASO FINA RD, PO BOX 124	1	1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PENNEY FARMS FL		1.4 CITY	ST-ZIP		
TITLE	ST	DELETE	21 TITLE			☐ Change ☐ Addition
NAME	MORISSEY, ANNE L.		2.2 NAME			
STREET ADDRESS	3927 PASO FINA RD PENNEY FARMS FL			T ADDRESS		
CITY-ST-ZIP TITLE	PEIWIET FARMS FL	DELETE	2 4 CITY			T About T Ladition
NAME		ש אנננונ	3.1 TITLE		•	Change Addition
STREET ADDRESS			3.2 NAME	T ADDRESS		İ
CITY-ST-ZIP			3.4. CITY	1		
TITLE		DELFTE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	.		· ·
STREET ADDRESS			4.3 STREE	T ADORESS		
CITY-ST-ZIP		·	4.4 CITY-	ST-ZIP		<u></u> ]
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			]
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	5 4 CITY-			Change
TITLE NAME		בין טנננונ	61 TITLE		<b>x</b>	Change Addition
STREET ADDRESS	,		62 NAME			
CITY-ST-ZIP			1	T ADDRESS		ļ
	certify that the information supplied w	vith this filmo does not qualify	for the exem		Section 119 07/33(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 em 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.

4/inlos