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

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

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

DOCUMENT # 654068 C & M RUCKS DAIRY, INC. Principal Place of Business Mailing Address 22400 N.W. 14TH AVENUE 606 SW 28TH TERRACE OKEECHOBEE FL 34974-3948 OKEECHOBEE FL 34972 3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1980 02/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1957179 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zin Country Country  $Z_{\rm ID}$ 8. This corporation has liability for injungible tax under s. 199.032, Yes ☐ No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RUCKS, CLIFFORD A **606 SW 28H TERR** Street Address (P.O. Box Number is Not Acceptable) **OKEECHOBEE FL 34974** 83 Zip Code City 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 faminar with, and accept the obligations of, Section 607.0505, Florida Statutes. Clifford A. Rucks, Pres. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. DELETE Change Addition TITLE 1.1 TITLE RUCKS, CLIFFORD A. NAME 1.2 NAME 606 S.W. 28TH TERRACE STREET ADDRESS 13 STREET ADDRESS OKEECHOBEE FL 14 CITY-ST-ZIP CITY - ST - ZIP VS DELETE Change Addition 21 THILE TITLE RUCKS, MARGARET 22 NAME NAME 606 S W 28TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS OKEECHOBEE FL 2 4 CITY - ST - ZIP CITY-ST-ZIE DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-2IP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP CITY - ST - ZIF

14. I do 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 attachment with an address

SIGNATURE:

**FILED** 

Jan 23 1997 8:00am

Secretary of State