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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # 654068 (6)C & M RUCKS DAIRY, INC. Principal Place of Business Mailing Address 22400 N.W. 14TH AVENUE 606 SW 28TH TERRACE **OKEECHOBEE FL 34972** OKEECHOBEE FL 34974 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1957179 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the curred year Inlangible Personal Property Tax due June 30. Yes \(\sigma\) No Zip Country Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RUCKS, CLIFFORD A **606 SW 28H TERR** Street Address (P.O. Box Number is Not Acceptable) **OKEECHOBEE FL 34974** 83 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change \_\_\_ Addition TITLE 1.1 TITLE RUCKS, CLIFFORD A. 1.2 NAMI NAME 606 S.W. 28TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS OKEECHOBEE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE RUCKS, MARGARET 606 S W 28TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS OKEECHOBEE FL CITY-\$1-ZIP 2. 4 CITY - ST - ZIP ☐ Change DELETE TITLE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET AUDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIF DELETE 4.5 THE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 City-St-ZiP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE ☐ Change Addition 6.1 TOUR TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this animal report or supplemental animal report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 897, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachine mith an address.

SIGNATURE: Mangal K

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July 1-7-98

**FILED** 

Jan 16 1998 8:00am

Secretary of State