

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 702172 (8)
1. Corporation Name
FLORIDA DAIRY PRODUCTS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**620 S.R. 542
SUITE E
DUNDEE FL 33838
US**

3. Date Incorporated or Qualified **07/01/1961** 3a. Date of Last Report **01/27/1995**
4. FEI Number **59-0841805** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BASSETT, CURRY J.
669 AUGUSTA RD. S.E.
WINTER HAVEN FL 33884**

81 Name **Jay Boosinger**
82 Street Address (P.O. Box Number is Not Acceptable)
2053 Taylor Road
83
84 City **Tallahassee** FL 85 Zip Code **32308**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Jay Boosinger* **Jay Boosinger, President**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	BASSETT, CURRY J.	669 AUGUSTA RD. S.E.	WINTER HAVEN FL	<input checked="" type="checkbox"/>
VCD	JASKIEWICZ, JAY	777 SW 12TH AVENUE	DEERFIELD BEACH FL	<input type="checkbox"/>
D	GREEN, JIM	P.O. DRAWER 64000B	MIAMI FL 33164	<input checked="" type="checkbox"/>
C	RASMUSSEN, NORMAN	P. O. DRAWER 64000B N/A	MIAMI FL	<input type="checkbox"/>
D	YOUNG, TED D.	3304 SYDNEY RD.	PLANT CITY FL	<input type="checkbox"/>
D	CORYN, EDWARD J.	3020 46TH AVENUE NORTH	ST. PETERSBURG FL 33714	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
P	BOOSINGER, JAY	2053 Taylor Road	Tallahassee, FL 32308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C	Jaskiewicz, Jay	777 SW 12th Avenue	Deerfield Beach, FL 33442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Moore, Dwight	3000 NW 123rd Street	Miami, FL 33167	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Rasmussen, Norman	P. O. Drawer 64000B	Miami, FL 33164	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Jay Boosinger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 (941) 439-4633
Date Daytime Phone #

CR2E037 (12/95)