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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US620 S.R. 542
SUITE E
DUNDEE FL 33838-4100
US

2. Principal Place of Business

2a. Mailing Address

21. 2558 Capital Medical Blvd.

26. 2558 Capital Medical Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. Suite B

27. Suite B

City & State

City & State

23. Tallahassee, Florida

28. Tallahassee, Florida

Zip Country

Zip Country

24. 32308

25. U.S.A.

29. 32308

30. U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/01/19613a. Date of Last Report
02/09/1996

4. FEI Number

59-0841805

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ NoBOOSINGER, JAY
2053 TAYLOR ROAD
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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
officer 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

1/14/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BOOSINGER, JAY
STREET ADDRESS 2053 TAYLOR ROAD
CITY-ST-ZIP TALLAHASSEE FLTITLE C ☐ DELETE
NAME JASKIEWICZ, JAY
STREET ADDRESS 777 SW 12TH AVENUE
CITY-ST-ZIP DEERFIELD BEACH FLTITLE T ☐ DELETE
NAME MOORE, DWIGHT
STREET ADDRESS 3000 NW 123RD STREET
CITY-ST-ZIP MIAMI FLTITLE D ☐ DELETE
NAME RASMUSSEN, NORMAN
STREET ADDRESS P. O. DRAWER 64000B N/A
CITY-ST-ZIP MIAMI FLTITLE D ☐ DELETE
NAME YOUNG, TED D.
STREET ADDRESS 3304 SYDNEY RD.
CITY-ST-ZIP PLANT CITY FLTITLE D ☐ DELETE
NAME CORYN, EDWARD J.
STREET ADDRESS 3020 46TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33714

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Chairman of Board ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Steve Broomfield

P. O. Box 3033

Orlando, FL 32802

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Treasurer

Ric Coupe

5800 N. W. 74th Avenue

Miami, FL 33166

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, 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 on an attachment with an address.

SIGNATURE:

JAY BOOSINGER

1/14/97 904/878-3447

CR2E037 (9/96)