


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 2558 CAPITAL MEDICAL BLVD SUITE B TALLAHASSEE FL 32308 US			Mailing Address 2558 CAPITAL MEDICAL BLVD SUITE B TALLAHASSEE FL 32308 US		
2. Principal Place of Business 21 2558 Capital Medical Blvd.		2a. Mailing Address 26 2558 Capital Medical Blvd.		3. Date Incorporated or Qualified 07/01/1961	
Suite, Apt. #, etc. 22 Suite B		Suite, Apt. #, etc. 27 Suite B		4. FEI Number 59-0841805	
City & State 23 Tallahassee, FL		City & State 28 Tallahassee, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 24 32308		Zip 29 32308		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 25 USA		Country 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BOOSINGER, JAY 2053 TAYLOR ROAD TALLAHASSEE FL 32308				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 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 <u><i>Jay Boosinger</i></u> DATE 1/7/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE				
NAME	BOOSINGER, JAY				
STREET ADDRESS	2053 TAYLOR ROAD				
CITY-ST-ZIP	TALLAHASSEE FL				
TITLE	C <input type="checkbox"/> DELETE				
NAME	JASKIEWICZ, JAY				
STREET ADDRESS	777 SW 12TH AVENUE				
CITY-ST-ZIP	DEERFIELD BEACH FL				
TITLE	T <input type="checkbox"/> DELETE				
NAME	RIC COUPE				
STREET ADDRESS	5800 NW 74TH AVE				
CITY-ST-ZIP	MIAMI FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	RASMUSSEN, NORMAN				
STREET ADDRESS	P. O. DRAWER 64000B N/A				
CITY-ST-ZIP	MIAMI FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	YOUNG, TED D.				
STREET ADDRESS	3304 SYDNEY RD.				
CITY-ST-ZIP	PLANT CITY FL				
TITLE	D <input type="checkbox"/> 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 President <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME Jay Boosinger					
1.3 STREET ADDRESS 2558-B Capital Medical Blvd.					
1.4 CITY-ST-ZIP Tallahassee, FL 32308					
2.1 TITLE C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME James C. Bassett					
2.3 STREET ADDRESS 2197 S. Byron Butler Parkway					
2.4 CITY-ST-ZIP Perry, FL 32347					
3.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME Ken Fregeau					
3.3 STREET ADDRESS 5400 118th Avenue, N.					
3.4 CITY-ST-ZIP Clearwater, FL 33760-4315					
4.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME R. Gene Smith					
4.3 STREET ADDRESS 5050 Edgewood Court					
4.4 CITY-ST-ZIP Jacksonville, FL 32254-3699					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS N/A					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS N/A					
6.4 CITY-ST-ZIP					

14. I 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 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* PRESIDENT 1/7/98 850/878-3447

CR2E037 (10/97)