

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90089 019 \*\*\*\*61.25

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**DOCUMENT # 702172**

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/01/1961

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

9. Name and Address of Current Registered Agent

**BOOSINGER, JAY**  
**2053 TAYLOR ROAD**  
**TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

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 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.

1-8-99

SIGNATURE

*Jay Boosinger*

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 **2558-B CAPITAL MEDICAL BLVD**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **C** ☒ DELETE

NAME **BASSETT, JAMES C**  
STREET ADDRESS **2197 S BYRON BUTLER PARKWAY**  
CITY-ST-ZIP **PERRY FL 32347**

TITLE **T** ☒ DELETE

NAME **FREGEAU, KEN**  
STREET ADDRESS **5400 118TH AVE N**  
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **D** ☐ DELETE

NAME **SMITH, GENE R**  
STREET ADDRESS **5050 EDGEWOOD COURT**  
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **D** ☐ DELETE

NAME **YOUNG, TED D.**  
STREET ADDRESS **3304 SYDNEY RD.**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE **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 ☒ Change ☐ Addition

2.2 NAME **Chairman of the Board**

2.3 STREET ADDRESS **Jeff Monroe**

2.4 CITY-ST-ZIP **402 S. Kentucky Avenue, Suite 500**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Lakeland, FL 33801**

3.3 STREET ADDRESS **Treasurer**

3.4 CITY-ST-ZIP **Mark Holston**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **3000 N. W. 123rd Street**

4.3 STREET ADDRESS **Miami, FL 33167**

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

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

1-8-99

Date

850/878-3447

Daytime Phone #

CR2E037 (11/98)