FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 19 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720230 (2)

1. Corporation Name
DAIRYMEN LODGE, INC.

Principal Place of Business	Mailing Address
C/O JOHN V ARRENDALE JR 904 N COURT ST QUITMAN GA 31643	P.O. BOX 432 QUITMAN, GA 31643-1316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1971
3a. Date of Last Report: 04/21/1994
4. FEI Number: 25-4107538 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WARREN JR,JESSE F
119 WEST JEFFERSON
TALLAHASSEE FL

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ARRENDALE JR,JOHN V	1.2 NAME	
STREET ADDRESS	904 N. COURT STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	QUITMAN GA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, FRANKLIN	2.2 NAME	
STREET ADDRESS	NO ADDRESS GIVEN	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOLIDGE GA 31738	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	TENNYSON,WALTER B	3.2 NAME	
STREET ADDRESS	MAGNOLIA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUITMAN GA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON,JESSE	4.2 NAME	
STREET ADDRESS	1202 N. COURT ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	QUITMAN GA 31643	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BURTON,HAROLD	5.2 NAME	
STREET ADDRESS	BOSTON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA 31792	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BLAND, T E	6.2 NAME	
STREET ADDRESS	RT 6, BOX 676	6.3 STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA GA 31601	6.4 CITY-ST-ZIP	

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)(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: John V. Arrendale Jr. 4-4-95 912-263 8375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007A00