

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720230 (2)

1. Corporation Name

DAIRMEN LODGE, INC.

Principal Place of Business

Mailing Address

C/O JOHN V ARRENDALE JR
904 N COURT ST
QUITMAN GA 31643P.O. BOX 432
QUITMAN, GA 31643-0432

3. Date Incorporated or Qualified

02/09/1971

3a. Date of Last Report

04/04/1996

4. FEI Number

25-4107538

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. 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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARREN JR, JESSE F
119 WEST JEFFERSON
TALLAHASSEE FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☐ DELETE
NAME	ARRENDALE JR, JOHN V	
STREET ADDRESS	904 N. COURT STREET	
CITY - ST - ZIP	QUITMAN GA	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	V	☐ DELETE
NAME	SMITH, FRANKLIN	
STREET ADDRESS	NO ADDRESS GIVEN	
CITY - ST - ZIP	COOLIDGE GA 31738	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	S	☐ DELETE
NAME	TENNYSON, WALTER B	
STREET ADDRESS	MAGNOLIA DRIVE	
CITY - ST - ZIP	QUITMAN GA	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	D	☐ DELETE
NAME	JACKSON, JESSE	
STREET ADDRESS	1202 N. COURT ST.	
CITY - ST - ZIP	QUITMAN GA 31643	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	D	☐ DELETE
NAME	BURTON, HAROLD	
STREET ADDRESS	BOSTON ROAD	
CITY - ST - ZIP	THOMASVILLE GA 31792	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	D	☐ DELETE
NAME	BLAND, T E	
STREET ADDRESS	RT 6, BOX 676	
CITY - ST - ZIP	VALDOSTA GA 31601	

6.1 TITLE	☐ Change ☐ Addition
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 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. 1-6-97 912.263.8375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075799

CR2E037 (9/96)