

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90172 039 ****61.25

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DOCUMENT # 720230

1. Corporation Name

DAIRYMEN LODGE, INC.

Principal Place of Business

C/O JOHN V ARRENDALE JR
904 N COURT ST
QUITMAN GA 31643

Mailing Address

P.O. BOX 432
QUITMAN, GF 31643-1316



2. Principal Place of Business

21 % Gwen Arrendale

Suite, Apt. #, etc.

22 904 N. Court St.

City & State

23 Quitman, Ga.

Zip

24 31643

Country

25 Brooks

2a. Mailing Address

26 P. O. Box 432

Suite, Apt. #, etc.

City & State

28 Quitman, Ga.

Zip

29 31643

Country

30 Brooks

3. Date Incorporated or Qualified

02/09/1971

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

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 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

TITLE **P** ☒ DELETE

NAME **ARRENDALE JR, JOHN V**
STREET ADDRESS **904 N. COURT STREET**
CITY-ST-ZIP **QUITMAN GA**

TITLE **V** ☒ DELETE

NAME **SMITH, FRANKLIN**
STREET ADDRESS **NO ADDRESS GIVEN**
CITY-ST-ZIP **COOLIDGE GA 31738**

TITLE **S** ☒ DELETE

NAME **TENNYSON, WALTER B**
STREET ADDRESS **MAGNOLIA DRIVE**
CITY-ST-ZIP **QUITMAN GA**

TITLE **D** ☐ DELETE

NAME **JACKSON, JESSE**
STREET ADDRESS **1202 N. COURT ST.**
CITY-ST-ZIP **QUITMAN GA 31643**

TITLE **D** ☒ DELETE

NAME **BURTON, HAROLD**
STREET ADDRESS **BOSTON ROAD**
CITY-ST-ZIP **THOMASVILLE GA 31792**

TITLE **D** ☒ DELETE

NAME **BLAND, T E**
STREET ADDRESS **RT 6, BOX 676**
CITY-ST-ZIP **VALDOSTA GA 31601**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **Franklin Smith**
1.3 STREET ADDRESS **6788 Patten Coolidge Rd.**
1.4 CITY-ST-ZIP **Coolidge, Ga. 31738**

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME **Harold Burton**
2.3 STREET ADDRESS **12079 E. 84**
2.4 CITY-ST-ZIP **Thomasville, Ga. 31792**

3.1 TITLE **S/T** ☐ Change ☒ Addition

3.2 NAME **Gwen Arrendale**
3.3 STREET ADDRESS **904 N. Court St.**
3.4 CITY-ST-ZIP **Quitman, Ga. 31643**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **T. E. Bland**
4.3 STREET ADDRESS **5723 Jumping Gulley Rd.**
4.4 CITY-ST-ZIP **Valdosta, Ga. 31601**

5.1 TITLE **D** ☐ Change ☐ Addition

5.2 NAME **Nancy Tennyson**
5.3 STREET ADDRESS **Magnolia Drive**
5.4 CITY-ST-ZIP **Quitman, Ga. 31643**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **Nancy Tennyson**
6.3 STREET ADDRESS **Magnolia Drive**
6.4 CITY-ST-ZIP **Quitman, Ga. 31643**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

1/20/99 912-263-8375