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 JAN 25 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790837 (9)

1. Corporation Name
DUVAL COUNTY DAIRY HERD IMPROVEMENT ASSOCIATION

Principal Place of Business	Mailing Address
1010 N. MCDUFF AVE. JACKSONVILLE 32254 US	1010 N. MCDUFF AVE. JACKSONVILLE 32254 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1967
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0651753 ☐ 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

JOYCE, PATRICK W.
1010 N. MCDUFF AVENUE
JACKSONVILLE FL 32205

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 _____ 1/20/95
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/D~~ TREASURER/DIRECTOR	1.1 TITLE	VP/D	☐ Change ☑ Addition
NAME	BOWIE, ROBIN	1.2 NAME	CURTIS MOORE	
STREET ADDRESS	11855 VC JOHNSON ROAD	1.3 STREET ADDRESS	12292 HOLSTEIN DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	S	2.1 TITLE	PRESIDENT/D	☐ Change ☑ Addition
NAME	JOYCE, PATRICK	2.2 NAME	DARRYL REGISTER	
STREET ADDRESS	1010 N MCDUFF AVE	2.3 STREET ADDRESS	RT. 1 BOX 839	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	SANDERSON, FL 32087	
TITLE	D	3.1 TITLE	D	☐ Change ☑ Addition
NAME	~~CARTER, BRYANT J~~	3.2 NAME	ERIC WILLIAMS	
STREET ADDRESS	~~8601 ACREE ROAD~~ DELETE	3.3 STREET ADDRESS	P.O. BOX 60577	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32236-0577	
TITLE	D	4.1 TITLE	D	☐ Change ☑ Addition
NAME	~~KRIEG, INGO~~	4.2 NAME	DALE HANSON	
STREET ADDRESS	~~4155 LAKESIDE DRIVE~~ DELETE	4.3 STREET ADDRESS	9820 PLUMMER ROAD	
CITY-ST-ZIP	~~JACKSONVILLE FL 32210~~	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32219	
TITLE	D	5.1 TITLE	D	☐ Change ☑ Addition
NAME	~~HIGGINBOTHAM, BUDDY~~	5.2 NAME	JIM FRAZEL	
STREET ADDRESS	~~RT. 1, 3741~~ DELETE	5.3 STREET ADDRESS	P.O. BOX 39	
CITY-ST-ZIP	~~GLEN ST. MARY, FL 32040~~	5.4 CITY-ST-ZIP	CRANDON, FL 32138	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME	~~JM~~ 1/30	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: _____ PATRICK JOYCE 1/20/95 904-387-8850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026897