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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 3:59

DOCUMENT # 790908 (8)

1. Corporation Name
FLORIDA DAIRY HERD IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
106 DAIRY SCIENCE BLDG. #499 GAINESVILLE FL 32611-7920	PO BOX 110920 106 DAIRY SCIENCE BLDG #499 GAINESVILLE FL 32611-0920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1965
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-6180291 ☐ 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. (21) Principal Place of Business
2a. (26) Mailing Address
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

WEBB, DAN W.
106 DAIRY SCIENCE BLDG. #499
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611-7920

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	VD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BOWIE, ROBIN	1.2 NAME	BOWIE, ROBIN	
STREET ADDRESS	11861 V.C. JOHNSON RD.	1.3 STREET ADDRESS	11855 VC JOHNSON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	BUCKLER, JOSEPH	2.2 NAME		
STREET ADDRESS	4520 OLD TAMPA ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	YANCEY, CLYDE, JR.	3.2 NAME		
STREET ADDRESS	31025 BETTS RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MYAKKA CITY FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	WEBB, DAN W	4.2 NAME		
STREET ADDRESS	499 SHEALY DRIVE, UF DAIRY SCIENCE	4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	EADE, DALE	5.2 NAME	EADE, DALE	
STREET ADDRESS	ROUTE 2, BOX 17A	5.3 STREET ADDRESS	2565 STANDLAND ROAD	
CITY-ST-ZIP	MONTICELLO FL	5.4 CITY-ST-ZIP	COTTON DALE, FL 32431	
TITLE	D	6.1 TITLE	V/D	☒ Change ☐ Addition
NAME	PEACHEY, GLENN	6.2 NAME	PEACHEY, GLENN	
STREET ADDRESS	ROUTE 1, BOX 333 C-1	6.3 STREET ADDRESS	ROUTE 1 BOX 333 C1	
CITY-ST-ZIP	MAYAKKA FL 34251	6.4 CITY-ST-ZIP	MYAKKA FL 34251	

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 addition.

SIGNATURE: X _____ 1-24-95 904-392-5572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026170