

1999

FEE IS \$61.25

FILED

Jan 28, 1999 8:00am
Secretary of State

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Annual Report

1999 90029 - 11

01-28-1999 90029 012 *****61.25

DOCUMENT # 790908

1. Corporation Name

FLORIDA DAIRY HERD IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

106 DAIRY SCIENCE BLDG. #499
GAINESVILLE FL 32611-0920
US

Mailing Address

PO BOX 110920
106 DAIRY SCIENCE BLDG #499
GAINESVILLE FL 32611-0920

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/03/1965

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBB, DAN W.
106 DAIRY SCIENCE BLDG. #499
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32011

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 PD
NAME BOWIE, ROBIN
STREET ADDRESS 6687 BOWIE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32219☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE VD
NAME AUKEMA, GARY
STREET ADDRESS 620 CANDY KITCHEN ROAD
CITY-ST-ZIP CHIPLEY FL 32428☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D
NAME YANCEY, CLYDE, JR.
STREET ADDRESS 31025 BETTS RD.
CITY-ST-ZIP MYAKKA CITY FL 34251☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE SE FL 90011
NAME WEBB, DAN W
STREET ADDRESS 499 SHEALY DRIVE, UF DAIRY SCIENCE
CITY-ST-ZIP GAINESVILLE FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D
NAME EADE, DALE
STREET ADDRESS 3945 OLD US ROAD
CITY-ST-ZIP MARIANNA FL 32446☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE TD
NAME HENDERSON, ED
STREET ADDRESS 16560 68TH PLACE
CITY-ST-ZIP LIVE OAK FL 32060☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-99

352-392-5592

CR2E037 (11/98)