

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 MAR -9 AM 9:05

DOCUMENT # 791019 (3)
1. Corporation Name
DAIRYMEN'S LIMITED AGRICULTURAL ASSOCIATION

Principal Place of Business Mailing Address
5600 DIPLOMAT CIRCLE 110 5600 DIPLOMAT CIRCLE 110
ORLANDO FL 32810 ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/14/1972 3a. Date of Last Report 01/24/1994
4. FEI Number 59-1762611 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 5420 Diplomat Circle 26 P.O. BOX 547775
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 100 27
City & State City & State
23 Orlando, FL 28 Orlando, FL
Zip Country Zip Country
24 32810 25 US 29 32854-7854 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOARDMAN, WILLIAM R
5600 DIPLOMAT CIRCLE, SUITE 110
ORLANDO FL 32810-5620

81 Name W. Arthur Darling
82 Street Address (P.O. Box Number is Not Acceptable)
83 5420 Diplomat Circle, Suite 100
84 City Orlando FL 85 Zip Code 32810

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: W. Arthur Darling

W. Arthur Darling

3/6/1995

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	BUTLER, ROBERT L	213 SILVER CREEK LANE	LORIDA FL
D	PEACHEY, JOHN	RT. 1, BOX 333C1	MYAKKA CITY FL
PD	WILLIAMS, CHARLES	HWY 84 WEST BOX 1057	AVON PARK FL
TD	BOARDMAN, WILLIAM R	5600 DIPLOMAT CIRCLE, STE-110	ORLANDO FL 32810-5620
D	HIGGINS, DONALD	SIDNEY-DOVER RD.	DOVER FL
S	LARSON, LOUIS (JR.)	10,000 HWY. 88 N.	OKEECHOBEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	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)(k), 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:

W. Arthur Darling
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3/6/1995 407-645-1932