FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 3-31-95 B-2825-C

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 31 PM 12:04

DOCUMENT # **835842** **(6)**

1. Corporation Name

KINNETT DAIRIES, INC.

Principal Place of Business	Mailing Address
421 12TH STREET P. O. BOX 351 COLUMBUS GA 31902-0351 US	1243 6TH AVE P.O. BOX 351 COLUMBUS GA 31902-0351 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1976
3a. Date of Last Report: 03/10/1994

21	2a. Principal Place of Business	26	2b. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 Country	29	Zip / 30 Country

4. FEI Number: 58-0315680 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AUSLEY, DUBOSE C.
WASHINGTON SQUARE BLDG.
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

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 _____
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	11 TITLE	President	☒ Change ☐ Addition
NAME	KINNETT, JOHN R JR	12 NAME	Dillon, G Michael	
STREET ADDRESS	3131 CATHRYN DR	13 STREET ADDRESS	5013 Sears Ct	
CITY-ST-ZIP	COLUMBUS, GA 00000	14 CITY-ST-ZIP	Columbus GA 31907	
TITLE	V	21 TITLE	gec	☒ Change ☐ Addition
NAME	PRESCOTT, JAMES A JR	22 NAME	ADAMS JR, THOMAS E	
STREET ADDRESS	3314 FLINT DR	23 STREET ADDRESS	421 Twelfth St	
CITY-ST-ZIP	COLUMBUS, GA 00000	24 CITY-ST-ZIP	Columbus GA 31901	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	ADAMS, KATHRYN K.	32 NAME		
STREET ADDRESS	3401 HILTON WOODS DR	33 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, GA 00000	34 CITY-ST-ZIP		
TITLE		41 TITLE	VP	☒ Change ☐ Addition
NAME		42 NAME	ADAMS, JOHN K	
STREET ADDRESS		43 STREET ADDRESS	421 Twelfth St	
CITY-ST-ZIP		44 CITY-ST-ZIP	Columbus GA 31901	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John K Adams 3/27/95 (706) 571-6111
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #
John K Adams