FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPCRATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90017 040 ***150.00

DOCUMENT # F02298 1. Corporation Name C & C DAIRY, INC.											
Caci	MINT, INC.										
Principal Place	e of Business	Mailing Address							••••• ••••• ••••• ••	#II #II #I	
1700 RUCKS DAIRY ROAD P O BOX 1420										•	
FROSTPROOF FL 33843 FROSTPROOF FL 33843-420 US					- 1	DO NOT WRITE IN THIS SPACE					
US		03				te Incorporate /20/1980					
Principal Place of Business 2a. Mailing Address										olied For	
21		26 P.O. BOX 1440			59-2029038				Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional						
27 FRC			PROOF FL.						Fee Re		
City & Stat	e	City & State				G. Election Campaign Financing —					
23	Country	28 33843 Country									
Zip	Country Zip			у		8. This corporation owes the current year Intangible Personal Property Tax.					
24	9. Name and Address of Currer		30					w Registered			
	o. Name and Address of Odifor	K regional region	81	Name							
COFFMAN, JESSE 1699 RUCKS DAIRY ROAD				Street A	ddress (P.O. Box Number is Not Acceptable)						
				Succia	odiess (F.O. Box Number is not Acceptable)						
FROSTPROOF, FL 33843			83	3					_	_	
			84	City			- :		85 Zip C	code	
				' '				<u> </u>	-		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by da Statute:	the corpors.	ation's poard	or directors.	I hereby ac	cept the appo	intment as rec	istered	
	Signature, typed or printed name of registered age			ent signature rec	quired when reinsta		NOTE TO	DATE	ND DIRECTO	DS IN 12	
12.		OFFICERS AND DIRECTORS DELETE		13.		ITTONS/CHA	NGES TO	OFFICERS A	Change	Addition	
TITLE	VD DUCKE BAULINE	C DELETE	1.1 TITLE								
NAME	RUCKS, PAULINE 2458 S.W. 18TH COURT			1.2 NAME 1.3 STREET ADDRESS			1.			ļ	
STREET ADDRESS	OKEECHOBEE FL										
CITY-ST-ZIP TITLE	DP	☐ DELETE		1.4 CITY-ST-ZIP					Change	Addition	
NAME	COFFMAN, JESSE G	_	2.2 NAME	ŀ		, .					
STREET ADDRESS	1699 RUCKS DAIRY ROAD		2.3 STREE	ET ADDRESS	1604	Rucks	DAIRY	RD,		Ì	
CITY-ST-ZIP	FROSTPROOF, FL 00000		2. 4 CITY-		, 0	.,					
TITLE		☐ DELETE	3.1 TITLE						☐ Change	☐ Addition	
NAME			3.2 NAME				-				
STREET ADDRESS			3.3 STREE	ET ADDRESS						}	
CITY-ST-ZIP_			3.4. CITY-	ST-ZIP				-			
TITLE		☐ DELETE	41 TITLE						Change	☐ Addition	
NAME			4. 2 NAME	Į			٠. ٠				
STREET ADDRESS			1	ET ADDRESS						ļ	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-				 		Change	Addition	
TITLE			5.1 TITLE 5.2 NAME	1							
NAME				ET ADDRESS			•	, .	•	ļ	
STREET ADDRESS		•	5.4 CITY-				•				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE					<u>·</u>	Change	Addition	
NAME			6.2 NAME				•			. 1	
STREET ADDRESS			6.3 STREI	ET ADDRESS							
			64 CITY	ST-7IP							

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 607, 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.