FILE	NOW: FILING FE	E AFT	ER MAY 1 I	S \$2	25.	00				
PROD NUNNA	ROFIT PORATION AL REPORT		Sandra Secret	.B. Mortha tary of Sta						
DOCUM 1. Corporation I	MENT # F134	421	21 (5)							
	R LAKE DAIRY OF JEFF	ERSON	COUNTY, INC.					1 12 E 11 E 11 E 11 E 11 E 11 E 11 E 1 E		
Principal Place o	of Businese		Sing Addrops		·					
•		IV ie	iling Address						100 000 000	1 6 1611 6 1611 61611 1641
240 WEST WASHINGTON ST. Monticello fl 32344			240 WEST WASHINGTON ST. Monticello FL 32344				ļ	O College of the coll		
								3. Date Incorporated or Qualified 12/31/1980	3a. Date of Las 07/20	t Report)/1995
2. Principal Plac	ce of Business	2a. 26	Mailing Address					4. FEI Number 59-2099538	-	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	1 1	Not Applicable 75 Additional
City & State		27	City & State					6. Election Campaign Financing	\$5	ee Required
Zip	Country	28	Zip	T COL	Country			Trust Fund Contribution	Ad	ded to Fees
4	9. Name and Address of Current Registered Agent			30				8. This corporation has liability for in Florida Statutes Yes		rs 199.032,
	9. Name and Address of Cur	rent Regist	ered Agent		81	Name		10. Name and Address of New Re	gistered Agent	
	, GEORGE				82	Street #	Addres	s (P.O. Box Number is Not Acceptable	e)	
	est washingto st. Dello fl 32344				83					
********	, , , , , , , , , , , , , , , , , , ,				84	City			85	Zip Code
I1. Pursuant to	the provisions of Sections 607.05	502 and 607	1508. Florida Statute	es the abo		amod co	rroorati	on submits this statement for the purp	<u>FL </u>	
	d agent, or both, in the State of Fl , and accept the obligations of, S				corpo	ration's t	board o	on submits this statement for the purp of directors. I hereby accept the appo-	ose of changing in intment as register	is registered office red agent. I am
SIGNATURE SI	gnature, typod or printerliname of registered a	nent and little if a	redinable (NO'	C. Florishner	4 Amen	sionotine ne	······································	hen reinstahing)	A A TOTAL	
12.	OFFICERS /			13.	Page 1	Signature	NOUTE G 451	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIREC	TORS IN 12
TILE	PD		DELETE	1.11	ITLE		D		XX Chang	
NAME	FOUNTAIN, LUTHER			1.2 N						
STREET ADDRESS	RT 2 BOX 34 MONTICELLO FL					ADDRESS				
OTY-ST-ZIP OTLE	VD		DELE1E	14Cl	ITY-ST	-7IP	7		TEST Chang	- F3 Addition
IAME	FOUNTAIN, MAMIE SUE			2 ? N		- 1	D		XX Chang	ge [**] Addition
TREET ADDRESS	RT 2 BOX 34					ADDRESS				
CITY - ST - ZIP	MONTICELLO FL				ITY-ST					
TITLE	STD		☐ DELETE	3 1 1	ITLE		SD		XX Chang	ge 🔲 Addition
IAME	MILLER, JUDY F.			3 2 N				LER, JUDY F.		
TREET ADDRESS	RT 2 BOX 34 Monticello FL			4		ADDRESS		WEST WASHINGTON ST	•	
ITY-ST-ZIP	MUNITOELLOIL		DELFTE	3.4 CI 4 1 TI	ITY-ST-	- ZIP		TICELLO, FL 32344	□ Chane	- Seek Addition
AME			[] ******	4 2 NA		1	PD RAT	LEY, CLAUDIA F.	☐ Chang	ge 🛣 Addition
TREET ADDRESS								TE 2, 30X 34		
ITY-ST-ZIP				- 8	IIY - ST-			TICELLO, FL 32344		
ITLE			DEFEIG	5 1 1	ITLE.		TD		Chang	e XX Add tion
AME				5.2 NA				RRON, GLORIA A.		
TREET ADDRESS								TE 2, 30X 34-C		
ITY-ST-ZIP ITLE			DELFTE	5.4 CI	ITY-ST- HLE	ZIP	_MON	TICELLO, FL 32344	☐ Chann	je √√ Addition
									L. J. Greany	

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 719.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6 2 NAME

6.3 STREET ADDRESS

BAILEY, YVONNE S. 8128 OAKWOOD ST

STREET ADDRESS

SIGNATURE: CLAUDITE D. BULL SIGNING OF ICER OF DIRECTOR

5/8/95 (904)997-2646