## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State DIVISION OF CORPORATIONS

DOCI	JMENT	#
DOOC		11

EGEODOGGEO (A)

1. Corporation Name  TRI-STATE DAIRY, INC.  Principal Place of Business  Mailing Address							
Principal Place of Business 4700 PIO NONO AVENUE MACON GA 31206	Mailing Address 4700 PIO NONO AVE MACON GA 31206	NUE					
				3. Date Incorporated or Qualified 10/26/1995	3a. Date o	of Last Re	eport
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		F	Applied For
Suite, Apt. #, etc.	26   Suite, Apt. #, etc.	*** *** ***		58-2195797		any soft a recording	Not Applicable Additional
2	27]			5. Certificate of Status Desired			Required
City & State	City & State			6. Election Campaign Financing	E 3		May Be
Zip Country	[28]   Zip	Country		Trust Fund Contribution			to Fees
4 25 Coonly	2 ip	30	у	8. This corporation has liability for Florida Statutes	intangible tax. ⊱ [] No	under s	199.032,
9. Name and Address of Curi	<b> </b>			10. Name and Address of New F		gent	
		81	Name		* · * · * · · · · · · · · · · · · · · ·		<u> </u>
WEATHERFORD, WAYNE		82	Street Addr	ess (P.O. Box Number is Not Acceptat	b'e)		
17707 N.W. MIAMI COURT		83	1				
MIAMI FL 33169		03	']				
		84	City		EI	<b>85</b> Zir.	Code
or registered agent, or both, in the State of Fli familiar with, and accept the obligations of, Se	orida. Such change was authoriz	zed by the con	named corpor poration's boar		iointment as re	ögistered	egistered office agent, I am
or registered agent, or both, in the State of Fli familiar with, and incept the obligations of, So SIGNATURE  Superior that or printed name of registered age	orida. Such change was authoriz action 607.0505, Florida Statufe: —	zed by the con	poration's boar	rd of directors. Theruby accept the app	ointment as re 3/21/96 DATE ICERS AND E	ogistered •	agent, I am
or registered agant, for both, in the State of Flifeniliar with, and people the obligations of, Se SIGNATURE  Signature in disripted nancial registered against the State of Flife State o	orida, Such change was authoria action 607.0505, Florida Statule: সুপা ৰুৱা দিন্দ শুকুৰ কৰি প্ৰ AND DIRECTORS	DIE Regional Age  13. 1.1 THLE 1.2 NAME	poration's boar	rd of directors. Thereby accept the app d owtermanning	ointment as re 3/21/96 DATE ICERS AND E	ogistered • • • •	agent. I am
or registered agant, for both, in the State of Flife familiar with, and rept the obligations of, Se SIGNATURE  Signature for disciplinations of registered again.  12. OFFICERS A DITLE PC WEATHERFORD, WAYNE WEATHERFORD, WAYNE 4700 PIO NONO AVENUE MACON GA 31206-5098	orida, Such change was authoria action 607.0505, Florida Statule: সুপা ৰুৱা দিন্দ শ্ৰুমান্ত (N AND DIRECTORS	DIE Regional Age  13. 1.1 THLE 1.2 NAME	poration's boar	rd of directors. Thereby accept the app d owtermanning	ointment as re 3/21/96 DATE ICERS AND E	ogistered • • • •	agent. I am
or registered agont, for both, in the State of Fliferinilar with, and repet the obligations of, Se Signature 1 and or printed name of registered agont.  12. OFFICERS A STATE PC WEATHERFORD, WAYNE WEATHERFORD, WAYNE 4700 PIO NONO AVENUE MACON GA 31206-5098  HILE WC	orida, Such change was authoria action 607.0505, Florida Statule: সুপা ৰুৱা দিন্দ শ্ৰুমান্ত (N AND DIRECTORS	OTE Regional Age  Ta.  1.1 THEE  1.2 NAME  1.3 STREE	Doration's boar of squalue results T ADDRESS SI-7JP	rd of directors. Thereby accept the app d owtermanning	ointment as re  8/21/96  DATE ICERS AND D	ogistered • • • •	agent. I am
or registered agant, for both, in the State of Fliferaniliar with, and complete the obligations of, Se Signature 1 of or printed name of registered against 2.  OFFICERS A  WEATHERFORD, WAYNE  SIREFT ADDRESS ONLY ST-ZIP  MACON GA 31206-5098  WC  HINTON, DAN	orida. Such change was authorizaction 607.0505, Florida Statufes  pent and Infeltingstratic. (N  AND DIRECTORS  DELETE	22 NAME	Doration's boar	rd of directors. Thereby accept the app d owtermanning	ointment as re  8/21/96  DATE ICERS AND D	OIRE.CTO Change	agent, I am  RS IN 12  Addition
or registered agant, for both, in the State of Flifamiliar with, and rept the obligations of, Se Signature  2. OFFICERS A  PC WEATHERFORD, WAYNE ATTOM MACON GA 31206-5098  ITLE WC HINTON, DAN  4700 PIO NONO AVENUE  HINTON, DAN  4700 PIO NONO AVENUE	orida. Such change was authorizaction 607.0505, Florida Statufes  pent and Infeltingstratio. (N  AND DIRECTORS  DELETE	The constant of the constant o	oration's boar oration's boar oration	rd of directors. Thereby accept the app d owtermanning	ointment as re  8/21/96  DATE ICERS AND D	OIRE.CTO Change	agent, I am  RS IN 12  Addition
or registered agant, for both, in the State of Fig.  Signature  Si	orida. Such change was authorizaction 607.0505, Florida Statufes  pent and Infeltingstratio. (N  AND DIRECTORS  DELETE	22 NAME	oration's boar oration's boar oration for range T ADDRESS S1-ZIP T ADDRESS S1 ZIP	rd of directors. Thereby accept the app d owtermanning	ontinent as re	OIRE.CTO Change	agent, I am  RS IN 12  Addition
or registered agant, for both, in the State of Fig.  Signature  Si	orida. Such change was authorizection 607.0505, Florida Statufer  pent and tribuil app4-t-able. (N  AND DIRECTORS  ☐ DELETE	2016 Feganical Age  13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 THLE 2.2 NAME 2.3 STREE 2.4 CHY-	oration's boar oration's boar oration for range T ADDRESS S1-ZIP T ADDRESS S1 ZIP	rd of directors. Thereby accept the app d owtermanning	ontinent as re	DIRECTO Change Change	Agent. I am  AS IN 12  Addition  Addition
or registered agant, for both, in the State of Fig.  Signature  Si	orida. Such change was authorizection 607.0505, Florida Statufer  pent and tribuil app4-t-able. (N  AND DIRECTORS  ☐ DELETE	13. 1.1 TILE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TILE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TILE 3.2 NAME	oration's boar oration's boar oration for range T ADDRESS S1-ZIP T ADDRESS S1 ZIP	rd of directors. Thereby accept the app d owtermanning	ontinent as re	DIRECTO Change Change	Agent. I am  AS IN 12  Addition  Addition
or registered agent, for both, in the State of Fit familiar with, and recept the obligations of, Sc Signature  Signature  Signature  Signature and or printed name of registered agents at Another Street Address  MACON GA 31206-5098  WC HINTON, DAN  4700 PIO NONO AVENUE MACON GA 31206-5098  HILE  NAME  HINTON, DAN  4700 PIO NONO AVENUE MACON GA 31206-5098  HILE  NAME  HINTON, DAN  4700 PIO NONO AVENUE MACON GA 31206-5098  HILE  NAME  STREET ADDRESS  STREET ADD	orida. Such change was authorizection 607.0505, Florida Statufer  port and Medit applicable. (N AND DIRECTORS  DELETE  DELETE	13. 1.1 TILE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TILE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TILE 3.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	rd of directors. Thereby accept the app d owtermanning	ontment as re	DIRECTO Change Change	Agent. I am  AS IN 12  Addition  Addition
or registered agant, for both, in the State of Fit familiar with, and refer the obligations of, Sc SIGNATURE  Signature and or printed name of registered agant. For DN NONO AVENUE WEATHERFORD, WAYNE 4700 PIO NONO AVENUE WAMME HINTON, DAN 4700 PIO NONO AVENUE WAMME HINTON, DAN 4700 PIO NONO AVENUE MACON GA 31206-5098  HILLE WC HINTON, DAN 4700 PIO NONO AVENUE MACON GA 31206-5098  STREET ADDRESS CITY-ST-ZIP HILLE STREET ADDRESS	orida. Such change was authorizection 607.0505, Florida Statufer  pent and tribuil app4-t-able. (N  AND DIRECTORS  ☐ DELETE	2 1 THEE	oration's boar	rd of directors. Thereby accept the app d owtermanning	ontment as re	DIRECTO Change Change	Agent. I am  AS IN 12  Addition  Addition
or registered agant, for both, in the State of Fit familiar with, and refer the obligations of, Sc SIGNATURE  Signature and or printed have of registered against the obligations of, Sc SIGNATURE  Signature and or printed have of registered against the obligations of, Sc SIGNATURE  Signature and or printed have of registered against the obligations of, Sc SIGNATURE  WEATHERFORD, WAYNE  4700 PIO NONO AVENUE  MACON GA 31206-5098  WC  HINTON, DAN  4700 PIO NONO AVENUE  MACON GA 31206-5098  BITLE  MACON GA 31206-5098  BITLE  MACON GA 31206-5098	orida. Such change was authorizection 607.0505, Florida Statufer  port and Medit applicable. (N AND DIRECTORS  DELETE  DELETE	2 1 THEE 42 NAME 4.1 THEE 4.2 NAME 4.1 THEE 4	T ADDRESS S1-ZIP L ADDRESS S1-ZIP L ADDRESS S1-ZIP	rd of directors. Thereby accept the app d owtermanning	ontment as re	DIRECTO Change Change	Addition  Addition
or registered agant, for both, in the State of Fit familiar with, and of epit the obligations of, Se SIGNATURE  Separate and or printed have of registered agant.  PC WEATHERFORD, WAYNE 4700 PIO NONO AVENUE MACON GA 31206-5098  WILLE WC HINTON, DAN 4700 PIO NONO AVENUE MACON GA 31206-5098  HILLE WAME STREET ADDRESS CITY-ST-ZIP HILLE WAME STREET ADDRESS	orida. Such change was authorizection 607.0505, Florida Statufer  port and Medit applicable. (N AND DIRECTORS  DELETE  DELETE	2016 FROM PRINT A JULY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	rd of directors. Thereby accept the app d owtermanning	ontment as re	DIRECTO Change Change	Addition  Addition
or registered agant, for both, in the State of Fit familiar with, and reput the obligations of, Se SIGNATURE  12. OFFICE RIS A  13. OFFICE RIS A  14. OFFICE RIS A  15. VIC.  16. WEATHERFORD, WAYNE  4700 PIO NONO AVENUE  MACON GA 31206-5098  16. OFFICE RIS A  16. WEATHERFORD, WAYNE  4700 PIO NONO AVENUE  MACON GA 31206-5098  16. OFFICE RIS A  16. OFFICE	orida. Such change was authorize cetion 607.0505, Florida Statufe:  pent and Inferit represent. (N  AND DIRECTORS  DELETE  DELETE  DELETE	2 1 THE 22 NAME 33 SHEE 42 NAME 43 SHEE 44 CHY-	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	rd of directors. Thereby accept the app d owtermanning	ontment as re	OlRECTO Change Change Change	Addition  Addition  Addition
or registered agant, for both, in the State of Fit familiar with, and of epit the obligations of, Se SIGNATURE  Separate and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligations of, Se Signature and or printed have of registered against the obligation of the oblig	orida. Such change was authorizection 607.0505, Florida Statufer  port and Medit applicable. (N AND DIRECTORS  DELETE  DELETE	2016 FROM PRINT A JULY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	rd of directors. Thereby accept the app d owtermanning	ontment as re	DIRECTO Change Change	Addition  Addition
or registered agant, for both, in the State of Flifamiliar with, and people the obligations of, Se Signature  Signature  Superiral or printed name of registeral against the documents of the people of the obligations of, Se Signature for documents of registeral against the state of Flifamilian with, and people of the obligations of, Se Signature for obligations of sections of the obligations of, Se Signature for obligations of sections of the obligations of, Se Signature for obligations of sections of the obligations of, Se Signature for obligations of sections of the obligations of sections of sections of the obligations of sections o	orida. Such change was authorize cetion 607.0505, Florida Statufe:  pent and Inferit represent. (N  AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TILE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TILE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TILE 3.2 NAME 3.3 STREE 4.1 TILE 4.2 NAME 4.3 STREE 4.1 TILE 5.2 NAME 4.3 STREE 4.1 TILE 5.2 NAME 5.3 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	rd of directors. Thereby accept the app d owtermanning	ontment as re	OlRECTO Change Change Change	Addition  Addition  Addition
or registered agont, for both, in the State of Fishermiliar with, and recept the obligations of Sesignature for discretely the obligations of Sesignature for discretely agone for printed name of registered agone for printed name for printed name for printed name for printed name for registered agone for printed name for registered agone for printed name of registered agone for printed name for printed name agone for printed name agone for printed name agone for p	orida. Such change was authorize cetion 607.0505, Florida Statufe:  pent and Inferit represent. (N  AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TILE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TILE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TILE 3.2 NAME 3.3 STREE 4.1 TILE 4.2 NAME 4.3 STREE 4.1 TILE 5.2 NAME 4.3 STREE 4.1 TILE 5.2 NAME 5.3 NAME	T ADDRESS ST-ZIP	rd of directors. Thereby accept the app d owtermanning	ontment as re	OlRECTO Change Change Change	Addition  Addition  Addition
or registered agont, for both, in the State of Fishaniliar with, and recept the obligations of Sessionature  Segnature for disciplinative received agont, for both, in the State of Fishaniliar with, and recept the obligations of Sessional agont for printed rance of registerating to PC  WEATHERFORD, WAYNE  4700 PIO NONO AVENUE  MACON GA 31206-5098  WC  HINTON, DAN  4700 PIO NONO AVENUE  MACON GA 31206-5098  INTER  NAME  STREET ADDRESS  CITY-ST-ZIP	orida. Such change was authorize cetion 607.0505, Florida Statufe:  pent and Inferit represent. (N  AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 THEF 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 THEE 2.2 NAME 2.3 STREE 2.4 CHY- 3.1 THEE 3.2 NAME 3.3 STREE 4.4 CHY- 4.1 THEE 4.2 NAME 4.3 STREE 5.1 THEE 5.2 NAME 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE	T ADDRESS ST-ZIP	rd of directors. Thereby accept the app d owtermanning	ontment as re	OlRECTO Change Change Change	Addition  Addition  Addition
or registered agont, for both, in the State of Flifamiliar with, and people the obligations of, Se Signature Taylor or printed removed registered agonates and the state of Flifamiliar with, and people the obligations of, Se Signature Taylor or printed removed registered agonates and the state of Flifamiliar with, and or printed removed registered agonates and the state of Flifamiliar with a state of Flifamiliar with and or printed removed registered agonates and the state of Flifamiliar with and or printed removed registered agonates and the state of Flifamiliar with, and printed removed registered agonates and the state of Flifamiliar with, and printed removed registered agonates and the state of Flifamiliar with, and property for both and or printed removed registered agonates and the state of Flifamiliar with, and property for both and or printed removed registered agonates and the state of Flifamiliar with, and property for both and or printed removed registered agonates and the state of Flifamiliar with, and or printed removed registered agonates and the state of Flifamiliar with, and or printed removed registered agonates and the state of Flifamiliar with, and or printed removed registered agonates and the state of Flifamiliar with a supplication of Flifamiliar with an experience agonates and the state of Flifamiliar with a supplication of Flifamiliar w	orida. Such change was authorizection 607.0505, Florida Statufe:  pent and the if nyelocate. CM  AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 THEF 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 THEE 2.2 NAME 2.3 STREE 2.4 CHY- 3.1 THEE 3.2 NAME 3.3 STREE 4.4 CHY- 4.1 THEE 4.2 NAME 4.3 STREE 4.5 CHY- 5.1 THEE 5.2 NAME 5.3 STREE 5.4 CHY- 5.5 STREE 5.5 STR	T ADDRESS ST-ZIP	rd of directors. Thereby accept the app d owtermanning	ontment as re	DIRECTO Change Change Change Change	Addition  Addition  Addition
or registered agont, for both, in the State of Fishermiliar with, and percept the obligations of Sessionature  12. OFFICERS A  13. OFFICERS A  14. OPIO NONO AVENUE  MACON GA 31206-5098  WC  HINTON, DAN  4700 PIO NONO AVENUE  MACON GA 31206-5098  HILE  NAME  STREET AUDRESS  CITY-ST-ZIP  HILE  NAME  STREET AUDRESS  CITY-ST-ZIP  HILE  NAME  STREET ADDRESS  CITY-ST-ZIP  HILE	orida. Such change was authorizection 607.0505, Florida Statufe:  pent and the if nyelocate. CM  AND DIRECTORS  DELETE  DELETE  DELETE	2016 FROM THE CORP.  13. 1.1 THEF 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 THEE 2.2 NAME 2.3 STREE 2.4 CHY- 3.1 THEE 3.2 NAME 3.3 STREE 4.4 CHY- 4.1 THEE 4.2 NAME 4.3 STREE 5.2 NAME 5.3 STREE 5.4 CHY- 6.1 THEE 6.2 NAME	T ADDRESS ST-ZIP	rd of directors. Thereby accept the app d owtermanning	ontment as re	DIRECTO Change Change Change Change	Addition  Addition  Addition

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 912-188-5733