PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000005866 1. Corporation Name

CORLING DAIRY INC

FILED Sep 02, 1999 8:00 am Secretary of State

09-02-1999 90008 032 ***550.00

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	a DAINT, INC.				I CARLON COLO INCIDENCE ASSISTABLE SELLE	
		A # 15 - A . I A			{	
Principal Place of Business 5000 LACROSS RD.		Mailing Address			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,
NORTH CHALESTON SC 29406		5000 LACROSS RD. CHARLESTON . 29408	}			
TOTAL OF LONG		US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					11/08/1996	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 57-0290963	Applied For Not Applicable
21		26 Suite, Apt. #, etc.	Suite Apt # ata		37-0290903	\$8.75 Additional
Suite, Apt. #, etc.		27 Suite, Apr. #, etc.			5. Certificate of Status Desired	Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28	<u>⊢¬</u> '		Trust Fund Contribution	Added to Fees
Zip	Country	Zíp	Country	'	8. This corporation owes the current year	
24	25	29	30		Intangible Personal Property.	Yes No
	9. Name and Address of	Current Registered Agent		T	10. Name and Address of New Registered	d Agent
CT	CORPORATION SYSTEM		81	Name		
	O SOUTH PINE ISLAND R	OAD	82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	NTATION FL 33324	57 	83			
	,		03			
			84	City	F	Zip Code
11. Pursuant	to the provisions of sections 6	07.0502 and 607.1508, Florida Sta	atutes, the above	-named corpo	pration submits this statement for the purpose of	changing its registered
office or r	registered agent or both in th	e State of Florida. Such change w	ras authorized by	the corporati	oration submits this statement for the purpose of con's board of directors. I hereby accept the appropriate the statement of the purpose of the statement of th	changing its registered pintment as registered
office or r agent. I a	registered agent or both in th	07.0502 and 607.1508, Florida State of Florida. Such change we obligations of, section 607.0505	ras authorized by , Florida Statutes	the corporati	ion's board of directors. I hereby accept the appr	changing its registered pintment as registered
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office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the manufamiliar with, and accept the Signature, typed or printed name of regis OFFICE PT HANCKEL, F S JR 5000 LACROSS RD. CHARLESTON SC 2940	e State of Florida. Such change were obligations of, section 607.0505 tered agent and title if applicable. ERS AND DIRECTORS DELETE	(NOTE: Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE	TADDRESS 3	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS A A iley, Aichard E. GOO W. River Road P MANAMAN William R. GOO N. River Road	ND DIRECTORS IN 12 Change Addition Change Addition
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STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE: X

7/20/1999 847-233-5281