


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90142 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J13817

1. Corporation Name
TRINITY DAIRY, INC.



Principal Place of Business % KENNETH W. SMITH 23421 WHITMAN ROAD BROOKSVILLE FL 34601	Mailing Address % KENNETH W. SMITH 23421 WHITMAN ROAD BROOKSVILLE FL 34601
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 05/09/1986	
4. FEI Number 59-2665237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SMITH, KENNETH W
23421 WHITMAN ROAD
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name THURMAN K. HATTEN	
82 Street Address (P.O. Box Number is Not Acceptable) 4379 KETTERING Rd.	
83	
84 City BROOKSVILLE	85 Zip Code FL 34602

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 *Thurman K. Hatten* **THURMAN K. HATTEN** **4-28-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	SMITH, ERICA L
STREET ADDRESS	23431 WHITMAN RD.
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	V <input type="checkbox"/> DELETE
NAME	HATTEN, THURMAN K
STREET ADDRESS	4379 KETTERING RD.
CITY-ST-ZIP	BROOKSVILLE FL 34602
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SMITH, KENNETH W
STREET ADDRESS	23421 WHITMAN ROAD
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HATTEN, THURMAN K.
2.3 STREET ADDRESS	4379 KETTERING Rd.
2.4 CITY-ST-ZIP	BROOKSVILLE, FL 34602
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Erica L. Smith* **Erica L. Smith** **4-28-99** **352-754-6152**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)