**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K22439** **(9)**

1. Corporation Name
**BRANCHLAND DAIRY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| RT 3 BOX 774<br>BUSHNELL FL 33513<br>US | PO BOX 175<br>DADE CITY FL 33526-0175<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/25/1988
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business
21: 4744 SW 30th Blvd.
22 Suite, Apt. #, etc.:
23 City & State: Bushnell, FL
24 Zip: 33513 25 Country: Sumter

2a. Mailing Address
26: 7359 Jason Drive
27 Suite, Apt. #, etc.:
28 City & State: Zephyrhills, FL
29 Zip: 33541 30 Country: Pasco

4. FEI Number: 59-2894248 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CROSBY, BOBBIE J.
7359 JASON DRIVE
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: Bobbie J. Crosby — April 26, 1995
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DP | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CROSBY, LARRY H. | 1.2 NAME | | |
| STREET ADDRESS | 7359 JASON DRIVE | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | 1.4 CITY-ST-ZIP | | |
| TITLE | D | 2.1 TITLE | DST | ☒ Change ☐ Addition |
| NAME | CROSBY, BOBBIE J. | 2.2 NAME | CROSBY, BOBBIE J. | |
| STREET ADDRESS | 7359 JASON DRIVE | 2.3 STREET ADDRESS | 7359 Jason Drive | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | 2.4 CITY-ST-ZIP | Zephyrhills, FL 33541 | |
| TITLE | DST | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | ALSTON, JEFFREY L. | 3.2 NAME | Delete | |
| STREET ADDRESS | 5033 NINTH STREET | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | ALSTON, LOIS A. | 4.2 NAME | Delete | |
| STREET ADDRESS | 5033 NINTH STREET | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

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 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: Larry H. Crosby — April 26, 1995 (813) 782-1729
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

LARRY H. CROSBY, President

0696466 CP