

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L37454

1. Corporation Name
KNIGHT'S DAIRY, INC.

Principal Place of Business

ROUTE 2, BOX 270-B
WAUCHULA FL 33783

Mailing Address

ROUTE 2, BOX 270-B
WAUCHULA FL 33783

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90092 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1989

4. FEI Number

59-3000916

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MCKIBBEN, JEFF J
104 SOUTH FIFTH AVE.
WAUCHULA FL

10. Name and Address of New Registered Agent

81 Name

Knight, Charles C. II

82 Street Address

(P.O. Box Number is Not Acceptable)

83

84 City

Wauchula

FL

85 Zip Code

33873

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

(Signature of registered agent or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | KNIGHT, CHARLES C., II | |
| STREET ADDRESS | RT. 2, BOX 270B | |
| CITY-ST-ZIP | WAUCHULA FL | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | KNIGHT, CAROL E. | |
| STREET ADDRESS | RT. 2, BOX 270B | |
| CITY-ST-ZIP | WAUCHULA FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | KNIGHT, CHARLES C. | |
| STREET ADDRESS | RT. 2, BOX 270B | |
| CITY-ST-ZIP | WAUCHULA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KNIGHT, Elnora | |
| STREET ADDRESS | RT. 2, BOX 270B | |
| CITY-ST-ZIP | WAUCHULA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KNIGHT, CHARLES C., III | |
| STREET ADDRESS | RT. 2, BOX 270B | |
| CITY-ST-ZIP | WAUCHULA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Knight, Charles C., II | |
| 1.3 STREET ADDRESS | 1565 N. Ed wells Rd. | |
| 1.4 CITY-ST-ZIP | Wauchula, FL 33873 | |
| 2.1 TITLE | DST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Knight, Carol E. | |
| 2.3 STREET ADDRESS | 1565 N. Ed wells Rd. | |
| 2.4 CITY-ST-ZIP | Wauchula, FL 33873 | |
| 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 | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Knight, Elnora | |
| 4.3 STREET ADDRESS | 1565 N. Ed wells Rd. | |
| 4.4 CITY-ST-ZIP | Wauchula, FL 33873 | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Knight, Charles, III | |
| 5.3 STREET ADDRESS | 1445 N. Ed wells Rd. | |
| 5.4 CITY-ST-ZIP | Wauchula, FL 33873 | |
| 6.1 TITLE | V-Pres. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Knight, Christopher D. | |
| 6.3 STREET ADDRESS | 1440 N. Ed wells Rd. | |
| 6.4 CITY-ST-ZIP | Wauchula, FL 33873 | |

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99

(941) 773-4716

CR2E034 (1/98)