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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L81440

(4)

TRIPLE H DAIRY, INC.

Principal Place of Business Mailing Address C/O NEAL HIGGINBOTHAM Ford Rd 1 C/O NEAL HIGGINBOTHAM Sundy tord Rd . BOUTS 3. BOX 40 634/ CALLAHAN FL 32011 **CALLAHAN FL 32011-8303** 3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1990 01/31/1996 2. Principal Place of Business 2a. Mailing Adoress FEI Number Applied For 21 26 59-3015099 Not Applicable Suite, Apr. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 28 Trust Fund Contribution Added to Fees 23 Žω Ζip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name HIGGINBOTHAM, NEAL -ROUTE O. BOX 40 _ 63 4/ Street Address (P.O. Box Number is Not Acceptable) CALLAHAN FL 32011 83 84 City 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 Sugradual importace prints dimone of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change ___ Addition HILE PD 1.1 TITLE ROUTE S, BOX 40 6741 Sandy Ford Rd, 1.2 NAME NAME CR2E034 STREET ADDRESS 1.3 STREET ADDRESS CALLAHAN FL 1.4 CiTY - ST - ZIP OTY-ST-7-P Addition Change 2.1 TITLE THE HIGGINBOTHAM, RAYMOND R. P. ROUTE 3, BOX 40 6347 NAME 2.2 NAME 2.3 STREET ADDRESS SURFET ADDRESS CALLAHAN FL CITY - ST- ZIP 2. 4 CITY - ST - ZIP Addition 3.1 TITLE ☐ Change TITLE HIGGINBOTHAM, CHARLES E NAM: 3.2 NAME ROUTE 3. BOX 40. 634/XA 3.3 STREET ADDRESS STREET ADDRESS CALLAHAN FL 3.4. CiTY-ST-ZIP CITY - \$1 - 20 DELFTE ☐ Change Addition 41 TITLE III.E NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. If do 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 oxigin attachment with an address.

64 CiTY+ST-ZIP

4.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

62 NAME 63 STREET ADDRESS

SIGNATURE: Mead

011Y-ST-28

STREET ADDRESS

STREET ADDRESS

CITY - ST - 702

CITY-ST-ZIP

TITLE

TITLE

NAME

SIGNATURE HOT YPED OH PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

1-24-97

904-879-1193

Change

☐ Change

FILED

Jan 29 1997 8:00am

Secretary of State

Addition

Addition