

# FILE NOW: FILING FEE IS \$61.25

## NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000004133 (3)**

1. Corporation Name

**DAIRY MARKETING ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**501 E. KENNEDY BLVD., Ste. 1400  
TAMPA FL 33602**

**501 E. KENNEDY BLVD., Ste. 1400  
TAMPA FL 33602**

3. Date Incorporated or Qualified  
**08/25/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANLON, DAVID G  
501 E. KENNEDY BLVD.  
TAMPA FL 33602**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, CHARLES</b>	
STREET ADDRESS	<b>ROUTE 1, BOX 177</b>	
CITY - ST - ZIP	<b>BRANFORD FL 32008</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RUCKS, T. T. SR.</b>	
STREET ADDRESS	<b>2220 S.W. 21ST STREET</b>	
CITY - ST - ZIP	<b>OKEECHOBEE FL 35972</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOBBS, JOHN</b>	
STREET ADDRESS	<b>105 BLOOMINGFIELD DRIVE</b>	
CITY - ST - ZIP	<b>BRANDON FL 33511</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PEACHEY, JOHN</b>	
STREET ADDRESS	<b>RT. 1, BOX 333-C1</b>	
CITY - ST - ZIP	<b>MYAKKA CITY FL 34251</b>	
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	<b>D/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Thomas, Charles</b>	
1.3 STREET ADDRESS	<b>Route 1, Box 177</b>	
1.4 CITY - ST - ZIP	<b>Branford, FL 32008</b>	
2.1 TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Rucks, T. T., Sr.</b>	
2.3 STREET ADDRESS	<b>2220 S.W. 21st St.</b>	
2.4 CITY - ST - ZIP	<b>Okeechobee, FL 35972</b>	
3.1 TITLE	<b>D/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Hobbs, John</b>	
3.3 STREET ADDRESS	<b>105 Bloomingfield Dr.</b>	
3.4 CITY - ST - ZIP	<b>Brandon, FL 33511</b>	
4.1 TITLE	<b>D/V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Peachey, John</b>	
4.3 STREET ADDRESS	<b>3200 Verna Rd.</b>	
4.4 CITY - ST - ZIP	<b>Myakka City, FL 34251</b>	
5.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>600001889116</b>	
5.3 STREET ADDRESS	<b>-07/10/96--01024--013</b>	
5.4 CITY - ST - ZIP	<b>***61.25</b>	
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 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

813 247-3961

Date

Daytime Phone

CR2E037 (12/95)