FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 JUN 10 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004133 (3)

1. Corporation Name
DAIRY MARKETING ASSOCIATION, INC.

Principal Place of Business
501 E. Kennedy Blvd.
Tampa, FL 33602

Mailing Address
501 E. Kennedy Blvd.
Tampa, FL 33602

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

4. FEI Number: 59-3384764 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 390 N. Orange Ave.
22 Suite 600
23 Orlando, FL
24 Zip 32801
25 Country Orange

2a. Mailing Address
26 390 N. Orange Ave.
27 Suite 600
28 Orlando, FL
29 Zip 32801
30 Country Orange

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Hanlon, David G.
501 E. Kennedy Blvd.
Tampa, FL 33602

10. Name and Address of New Registered Agent

81 Name: Peter G. Latham
82 Street Address (P.O. Box Number is Not Acceptable): 390 N. Orange Ave.
83 Suite 600
84 City: Orlando FL 85 Zip Code: 32801

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 _____ DATE
Signature, type or print the name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Thomas, Charles Rt. 1, Box 177 Branford, FL 32008 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002557091 -- 8 -06/12/98--01008--003 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Rucks, T. T. Sr. 2220 SW 21st St. Okeechobee, FL 35972 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T Hobbs, John 105 Bloomingfield Dr. Brandon, FL 33511 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V Peachey, John 3200 Verna Rd. Myakka City, FL 34251 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Pres. 6/8/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #