

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000064407 (7)

1. Corporation Name
DAIRY PLAZA, INC.



Principal Place of Business: **444 SEABREEZE BLVD. SUITE 900 DAYTONA BEACH FL 32118**
Mailing Address: **P.O. BOX 15200 DAYTONA BEACH FL 32115**

2. Principal Place of Business: **21 105 SEABREEZE BLVD**
Suite, Apt #, etc.: **22**
City & State: **23 DAYTONA BCH, FL**
Zip: **24 32118** Country: **25 US**
Mailing Address: **26 P.O. Box 4235**
Suite, Apt #, etc.: **27**
City & State: **28 ORMOND BCH, FL**
Zip: **29 32175** Country: **30 US**

3. Date Incorporated or Qualified: **08/31/1994**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-3275590**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **HOOD, CHARLES D JR. 444 SEABREEZE BLVD. SUITE 900 DAYTONA BEACH FL 32118**
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: _____
Signature typed or printed name of the signatory and title of signatory: _____ (If not the Registered Agent's name, registered agent's name is required.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	VANDARIFF, SARAH D.	1.1 TITLE: PRES.	VANDAGRIF, SARAH D.
NAME: 175 W. GRANADA	ORMOND BEACH FL	1.2 NAME: 105 SEABREEZE BLVD.	DAYTONA BEACH, FL 32118
STREET ADDRESS: ORMOND BEACH FL		1.3 STREET ADDRESS: DAYTONA BEACH, FL 32118	
CITY-ST-ZIP: ORMOND BEACH FL		1.4 CITY-ST-ZIP: DAYTONA BEACH, FL 32118	
TITLE: VP	SMITH, HORACE J	2.1 TITLE:	
NAME: 444 SEABREEZE BLVD #900	DAYTONA BEACH FL	2.2 NAME:	
STREET ADDRESS: DAYTONA BEACH FL		2.3 STREET ADDRESS:	
CITY-ST-ZIP: DAYTONA BEACH FL		2.4 CITY-ST-ZIP:	
TITLE: S	LOUCKS, WILLIAM E.	3.1 TITLE:	
NAME: 444 SEABREEZE BLVD #900	DAYTONA BEACH FL	3.2 NAME:	
STREET ADDRESS: DAYTONA BEACH FL		3.3 STREET ADDRESS:	
CITY-ST-ZIP: DAYTONA BEACH FL		3.4 CITY-ST-ZIP:	
TITLE: T	JONES, ELSE J.	4.1 TITLE: TRES.	JONES, ELSE
NAME: 175 W. GRANADA	ORMOND BEACH FL	4.2 NAME: 101 SEABREEZE BLVD.	DAYTONA BCH, FL 32118
STREET ADDRESS: ORMOND BEACH FL		4.3 STREET ADDRESS: DAYTONA BCH, FL 32118	
CITY-ST-ZIP: ORMOND BEACH FL		4.4 CITY-ST-ZIP: DAYTONA BCH, FL 32118	
TITLE:		5.1 TITLE:	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
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)(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: **SARAH VANDAGRIF** 6/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SARAH VANDAGRIF**

CR2E034 (3/96)