Applied For

Fee Required \$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

## 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

30

Name

## **FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90088 035 \*\*\*150.00

## DOCUMENT # P95000070652

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24

VAN PELT BROS. DAIRY, INC.	
Principal Place of Business	Mailing Address
9410 HIGHWAY 97 CENTURY FL 32535	9410 HIGHWAY 97 CENTURY FL 32535
Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28 Country

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPA	DO	) NOT	WRITE	iΝ	THIS	SPAC	3
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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

09/08/1995 4. FEI Number

59-3336634

VAN	PELT, JAMES					
9410 HIGHWAY 97 CENTURY FL 32535			Stree	et Address (P.O. Box Number is Not Acceptable)		
		84	City	FL	85 Zip	Code
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t egistered agent, or both, in the State of Florida. Such change was autho m familiar with, and accept the obligations of, Section 607.0505, Florida	rized by	the cor	d corporation submits this statement for the purpose of chrooration's board of directors. I hereby accept the appointn	anging it nent as i	s registered egistered
SIGNATURE	AIOTE D			re required when reinstating) DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi	13.	signatur	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	P DELETE	1.1 TITLE			Change	
NAME	VANPELT, JAMES G	12 NAME			_ ,	_
STREET ADDRESS	9010 HWY 97	1.3 STREET	ADDRES	us .		
CITY-ST-ZIP	CENTURY FL 32535	1.4 CITY-ST	r-ZIP	<u>.</u>		
TITLE	<b>VP</b> □ DELETE	2.1 TITLE			Change	Addition
NAME	VANPELT, GEORGE T	2.2 NAME				
STREET ADDRESS	5460 PELT RD	2.3 STREET	ADDRES	is		
CITY-ST-ZIP		2.4 CITY-S	T-ZIP			
TITLE	☐ DELETE	3.1 TITLE			_ Change	Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET	ADDRES	is .		
C/TY-ST-ZIP		3.4. CITY-S	T-ZIP			
TITLE	DELETE	4.1 TITLE			_ Change	Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET	ADORES	is .		
CITY-ST-ZIP		4.4 CITY-ST	r-ZIP			
TITLE	☐ DELETE	5.1 TITLE		}	] Change	e
NAMÉ		5.2 NAME				
STREET ADDRESS		5.3 STREET	ADDRES	is		
CITY-ST-ZIP		5.4 CITY-S	r-ZIP	•		
TITLE	☐ DELETE	6.1 TITLE			Change	Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET	ADDRES	es es		;
CITY, ST. 7ID		6.4 CITY-ST	Γ-ZIP			

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**