

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000090542 (7)

1. Corporation Name
GULF COAST'S BEST YOGURT COMPANY

Principal Place of Business
8084 N. DAVIS HAY. A-1
PENSACOLA FL 32514

Mailing Address
8084 N. DAVIS HAY. A-1
PENSACOLA FL 32514



3. Date Incorporated or Qualified
10/31/1996

3a. Date of Last Report

2. Principal Place of Business

2b. Mailing Address

21 8084 N. DAVIS HAY. A-1

26 Gulf Coast's Best Yogurt Co.
8084 N. Davis Hwy. A-1
Pensacola, FL 32514

4. FEI Number
59-3466598

Applied For
Not Applicable

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Pensacola FL

28 FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 32514

25 Escambia

29

30 Escambia

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLEAN, CHRIS H
8084 N. DAVIS HAY. A-1
PENSACOLA FL 32514

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 CHRIS H McLEAN

2/6/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME CHRIS H McLEAN
STREET ADDRESS 3241 GARCEN RD
CITY - ST - ZIP MILTON FL 32503

1.1 TITLE ☐ Change ☐ Addition

TITLE V. President
NAME See L McLEAN
STREET ADDRESS 3241 GARCEN RD
CITY - ST - ZIP MILTON FL 32503

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/97 904 478 0000

CR2E034 (9/96)