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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000093510 (1)**

1. Corporation Name
C & R DAIRY FARMS, INC.

Principal Place of Business	Mailing Address
37837 MERIDIAN AVENUE SUITE 314 DADE CITY FL 33525	37837 MERIDIAN AVENUE SUITE 314 DADE CITY FL 33525-3802

3. Date Incorporated or Qualified: 11/14/1996
3a. Date of Last Report:

2. Principal Place of Business
21 14041 O'CONNER RD
22 Suite, Apt. #, etc.
23 City & State: KATHLEEN FL
24 Zip: 33849 25 Country: POLK

2a. Mailing Address
26 14041 O'CONNER RD
27 Suite, Apt. #, etc.
28 City & State: KATHLEEN FL
29 Zip: 33849 30 Country: POLK

4. FEI Number: 59-3409026 ☐ Applied For ☐ Not Applicable

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

SCHRADER, JEROME G
37837 MERIDIAN AVENUE
SUITE 314
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name: CARLOS A. ROMAN
82 Street Address (P.O. Box Number is Not Acceptable): 14041 O'CONNER RD
83
84 City: KATHLEEN FL 85 Zip Code: 33849

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: x Carlos A. Roman
(Signature required when reinstating) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHRADER, JEROME G 37837 MERIDIAN AVE, STE 314 DADE CITY FL 33525 ☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P CARLOS A. ROMAN 14041 O'CONNER RD KATHLEEN, FL 33849 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V CARLOS M. ROMAN 14041 O'CONNER RD KATHLEEN, FL 33849 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TS GLORIA M. ROMAN 14041 O'CONNER RD KATHLEEN, FL 33849 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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

CR2E034 (9/96)

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: x Carlos A. Roman 2/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #