

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90038 049 \*\*\*150.00

**DOCUMENT # P97000029022**

1. Corporation Name

**KOON BROTHERS DAIRY FARM, INC.**

Principal Place of Business

ROUTE 2, BOX 1644  
MAYO FL 32066

Mailing Address

ROUTE 2, BOX 1644  
MAYO FL 32066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/28/1997**

4. FEI Number

**59-3434431**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, TOM**  
**10 NO COLUMBIA ST**  
**LAKE CITY FL 32055**

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 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 ☐ DELETE  
NAME **D KOON, CHARLES**  
STREET ADDRESS **ROUTE 2, BOX 65**  
CITY-ST-ZIP **MAYO FL 32066**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D KOON, HOWELL**  
STREET ADDRESS **ROUTE 2, BOX 1644**  
CITY-ST-ZIP **MAYO FL 32066**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D KOON, ROBERT D**  
STREET ADDRESS **ROUTE 2, BOX 100**  
CITY-ST-ZIP **MAYO FL 32066**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D KOON, SALLIE LOU**  
STREET ADDRESS **ROUTE 2, BOX 1645**  
CITY-ST-ZIP **MAYO FL 32066**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D KOON, DONALD**  
STREET ADDRESS **ROUTE 2, BOX 1655**  
CITY-ST-ZIP **MAYO FL 32066**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **D KOON, DONALD**  
STREET ADDRESS **ROUTE 2, BOX 1655**  
CITY-ST-ZIP **MAYO FL 32066**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **Director**  
6.3 STREET ADDRESS **Koon, Dwayne**  
6.4 CITY-ST-ZIP **Route 2 Box 70**  
**Mayo, FL 32066**

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:

*Charles Koon*  
CHARLES KOON

Date

**1-7-99**

Daytime Phone #

**904 294-1587**

CR2E034 (1/98)