

DOCUMENT # P97000029022

1. Entity Name
KON BROTHERS DAIRY FARM, INC.

Principal Place of Business Mailing Address
ROUTE 2, BOX 1644 ROUTE 2, BOX 1644
MAYO FL 32066 MAYO FL 32066

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3434431 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, TOM
10 NO COLUMBIA ST
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE D ☐ Delete
NAME KOON, DWYANE
STREET ADDRESS RT 2, BOX 70
CITY-ST-ZIP MAYO FL 32066

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Koon Charles Koon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2001 904-294-1587
Date Daytime Phone #

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90026 046 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)