SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90012 019 ***550.00

DOCUMENT #	P98000054063

EDWARD KOON DAIRY, INC.

Principal Place of Business MAYO FL 3006 MA					\	_				
RT 2 BOX 1725 MAYO FL 32068 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 3. Buse incorporated or Qualified 06/15/1998 2. Principal Place of Business 2. A Mailing Address 3. Sube Appl. R. etc. 2. Sube, Apl. R. etc. 3. Sube, Apl. R. etc. 4. Sube, Apl	Principal Plac	e of Business	Mailing Address					# 10011001 110 18101 (0111 6011 0011 0011 8010 8010 8111 0101 8110 0110 1111 1801		
MAYO FL 22066	'									
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 66/15/1998 4. FEI Number 75/15/1998 4. FEI Number 75/15/1998 4. FEI Number 75/15/15/15/15/15/15/15/15/15/15/15/15/15										
Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Tel.								DO NOT WRITE IN THIS SPACE		
2. Management 2. Manag								,		
Suite, Apt. F. etc.								06/15/1998		
Suite Apt R, etc. Suite Apt R, etc. Suite Apt R, etc. City & State R. Trust Fund Contribution on Address of Current Registered Agent KOON, JAMES E RT. 2 BOX 1725 MAYO FL 32066 REREQUIRED READ Trust Fund Contribution on the personal Property. READ Trust Fund Contribution on the City Registered Agent READ Trust Fund Contribution on	2. Principal P	lace of Business	2a. Mailing Address							
City & State City & State City	21		26				}	59-3516043 Not Applicable		
City & State City & Country Zip Country Zip Country Zip Country City	Suite, Apt.	#, etc.	Suite, Apt. #, etc.							
21	22				۔			Fee Required		
Zip	City & Stat	е	City & State							
3. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent KOON, JAMES E RT. 2 BOX 1725 MAYO FL 32066 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 907 0902 and 607 1508. Florids 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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, are both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, are both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PTD. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE NAME KOON, JAMES K 12. BOX 1725 13. STREET ADDRESS 14. STREET ADDRESS 15. STREET ADDRESS 14. STREET ADDRESS 15. STREET ADDRESS 15. STREET ADDRESS 16. STREET ADDRESS 17. BOX 1725 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. Change Addition Addition NAME 19. DELETE 19. TITLE 19. DELETE 19. TITLE 19. DELETE 19. TITLE 19. Change Addition NAME 19. STREET ADDRESS 1								Trust Fund Contribution		
Name and Address of Current Registered Agent St Name	`	—	— ·	⊢ ¬	ntry					
KOON, JAMES E RT. 2 BOX 1725 MAYO FL 32066 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 progration submits this statement for the purpose of changing its registance 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 applicationary as registance office or registered agent, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prices to make in registance and the integrationals. In the signature typed or prices to make in registance and the integrationals. In the signature typed or prices to make in registance and the integrational integration in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registance different Agent states. In the signature typed or prices to make integrationals. In the signature typed or prices to make in registance. In the signature typed or prices to make in registance. In the signature typed or prices to make in registance. In the signature typed or prices to make in registance. In the signature typed or prices to make in registance. In the signature typed or prices to make in registance. In the signature typed or prices to make in registance. In the signature typed or prices and the registance. In the signature typed or prices and the registance. In the signature typed or prices and the registance. In the signature typed or prices and the registance. In the signature typed or prices and the registance. In the signature typed or prices and the registance. In the signature typed or prices and the registance. In the signature typed or prices and the registance. In the signature typed or prices and the registance. In the signature typed or prices and the registance. In the signature typed or prices and the registance	24			30						
KOON, JAMES E RT. 2 BOX 1725 MAYO FL 32066 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Zip Code 88 City FL 85 Zip Code 88 A City FL 85 Zip Code 88 A City FL 85 Zip Code 89 A City FL 85 Zip Code 80 A City FL 85 Zip Code 80 A City FL 85 Zip Code 80 A City FL 85 Zip Code 81 A City FL 85 Zip Code 81 A City FL 85 Zip Code 81 A City FL 85 Zip Code 82 A City Sip A City A Cit		9. Name and Address of Cu	rrent Registered Agent		04	N		10. Name and Address of New Registered Agent		
RT. 2 BOX 1725	KOO	IN IAMES E			o'	Name				
MAYO FL 32066 83					82	Street	Address	s (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purposing fits 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 applications of, section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PTD DDEETE 11. TITLE PTD DDEETE 11. TITLE VSD DDEETE 11. STREET ADDRESS CITY-ST-ZIP MAYO FL 32068 11. CITY-ST-ZIP MAYO FL 32068 12. TITLE VSD DDEETE 21. TITLE VSD DDEETE 22. NAME 23. STREET ADDRESS CITY-ST-ZIP TITLE DDEETE 31. TITLE DDEETE	-									
11. Pursuant to the provisions of sections 607 (502 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. Thereby accept the appointment as registered agent, and accept the obligations of, section 607 (505, Florida Statutes.) SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PTD DELETE 1: TITLE COAND, JAMES E 1: ZNAME 1:	MAL	O 1 L 32000			83					
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 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PTD Change Addition NAME KOON, JAMES E 1.2 NAME STREET ADDRESS CITY-ST-ZIP MAYO FL 32066 1.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE VSD DELETE 2.1 TITLE VSD DELETE 3.3 TITLE Change Addition Change Addition Change Addition Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE VSD DELETE 3.1 TITLE VSD DELETE 3.1 TITLE Change Addition Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE VSD DELETE 3.1 TITLE Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OF					84	City		85 Zip Code		
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, or both, in the obligations of, section 607.0505, Florida Statutes. SIGNATURE 12						,				
Aggent. I am familiar with, and accept the obligations of, section 607.6505, Florida Statutes. SIGNATURE Signature, hybord or printed name of registered agent and 976 of populations. (NOTE: Registered Agent agreature required when reinstaking) DATE	11. Pursuant	to the provisions of sections 607.	0502 and 607.1508, Florida Statu	tes, the ab	ove-	named o	corporation	on submits this statement for the purpose of changing its registered		
12.							poration s	s board of directors. Thereby accept the appointment as registered		
12	SIGNATURE	, ,								
TITLE	OTOTIV (TOTAL	Signature, typed or printed name of registered	agent and title if applicable. (F	_ _	red A	gent signati	beniupen eru			
NAME STREET ADDRESS RT. 2 BOX 1725 MAYO FL 32066 1.5 STREET ADDRESS 1.5 STREET			AND DIRECTORS	_						
STREET ADDRESS NAYO FL 32066	TITLE		DELETE	1.1 Tf	LΕ			Change Addition		
CITY-ST-ZIP	NAME			1.2 NA	1.2 NAME					
TITLE	STREET ADDRESS			1.3 ST	1.3 STREET					
NAME KOON, JAMES K 22 NAME 23 STREET ADDRESS CITY-ST-ZIP MAYO FL 32066 24 CITY-ST-ZIP	CITY-ST-ZIP			1.4 CI	TY-ST	-ZIP				
STREET ADDRESS MAYO FL 32066 23 STREET ADDRESS 24 CITY-ST-ZIP	TITLE	VSD	DELETE	2.1 TIT	.1 TITLE			Change Addition		
CITY-ST-ZIP MAYO FL 32066 24 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME	NAME	KOON, JAMES K		2.2 NA	2.2 NAME					
TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME	STREET ADDRESS	RT. 2 BOX 1725		2.3 ST	2.3 STREET					
NAME	CITY-ST-ZIP	MAYO FL 32066		2.4 CI	2.4 CITY-ST		<u> </u>	<u></u>		
STREET ADDRESS	TITLE		☐ DELETE	3.1 TITLE				Change Addition		
CITY-ST-ZIP	NAME			3.2 NA	ME		1			
DELETE	STREET ADDRESS			3.3 ST	REET	ADDRESS				
NAME	CITY-ST-ZIP			3.4 CI	TY-ST	-ZiP	-			
### ### #### #########################	TITLE		DELETE	4.1 TITLE				Change Addition		
A d CITY-ST-ZIP	NAME			4.2 NA	ME					
TITLE DELETE 5.1 T/T_E Change Addition NAME 5.2 NAME STREET ADDRESS S.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME Addition Addition Addition	STREET ADDRESS			4.3 ST	REET	ADDRESS				
NAME	CITY-ST-ZIP			4,4 CITY-S		-ZIP				
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME	TITLE		DELETE					Change Addition		
CITY-S1-ZIP 5.4 CITY-S1-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME	NAME			5.2 NA	MΕ			·		
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME	STREET ADDRESS			5.3 ST	REET	ADDRESS				
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME	CITY-ST-ZIP			5.4 CI	TY-ST	-ZIP	ĺ			
NAME 6.2 NAME			DELETE	6.1 TIT	LE			Change Addition		
■ ■	NAME			6.2 NA	ME					
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			6.3 ST	REET	ADDRESS				

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.

SIGNATURE: