

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # S20267 (8)

1. Corporation Name

DAIRYMAN'S SUPPLY CO. - FLORIDA, INC.



Principal Place of Business

Mailing Address

**P O BOX 1879
WILDWOOD FL 34785**

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WILDWOOD FL 34785**

3. Date Incorporated or Qualified
12/19/1990

3a. Date of Last Report
03/01/1995

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

29 30

4. FEI Number
59-3039989

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

10. Name and Address of New Registered Agent

**COOK, GEORGE D., JR.
2804 S JEAN AVE
INVERNESS FL 32650**

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 block 1 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 COOK, L. G.**
STREET ADDRESS **1700 CASEY KEY RD**
CITY-STATE-ZIP **NOKOMIS FL**

TITLE ☐ DELETE
NAME **D COOK, GEORGE SR.**
STREET ADDRESS **204 ERWIN DR**
CITY-STATE-ZIP **MAYFIELD KY**

TITLE ☐ DELETE
NAME **D COOK, JOHN E.**
STREET ADDRESS **1010 BRAND ST**
CITY-STATE-ZIP **MAYFIELD KY**

TITLE ☒ DELETE
NAME **D COOK, J. V., JR.**
STREET ADDRESS **6520 E SPEEDWAY**
CITY-STATE-ZIP **TUSCON AZ**

TITLE ☐ DELETE
NAME **DST BOYD, CURTIS J.**
STREET ADDRESS **405 GOLF CLUB LN**
CITY-STATE-ZIP **MAYFIELD KY**

TITLE ☐ DELETE
NAME **D COOK, GREG**
STREET ADDRESS **613 E COLLEGE ST**
CITY-STATE-ZIP **MAYFIELD KY**

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

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

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

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D NANCY C. COOK**
4.3 STREET ADDRESS **6520 E. SPEEDWAY**
4.4 CITY-STATE-ZIP **TUSCON, AZ**

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

502-297-5691

CR2E034 (12/95)