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2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am **DOCUMENT # \$20267 Secretary of State** DAIRYMAN'S SUPPLY CO. - FLORIDA. INC. 03-06-2001 90347 006 ***150.00 Principal Place of Business Mailing Address P O BOX 1879 P O BOX 1879 WILDWOOD FL 34785 WILDWOOD FL 34785 2. Principal Place of Business 3. Mailing Address P.O. BOX 3069 P.O. BOX 3069 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SE City & State City & State Applied For 4. FEI Number 59-3039989 INVERNESS. INVERNESS. FL Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34451 34451-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, GEORGE D., JR. Street Address (P.O. Box Number is Not Acceptable) 2804 S JEAN AVE **INVERNESS FL 32650** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE X) Change COOK, L. G. NAME NAME COOK, L.G. 1700 CASEY KEY RD STREET ADDRESS STREET ADDRESS 210 SANTA MARIA G349 VENICE, FL 34285 CITY-ST-7IP CITY-ST-ZEP **NOKOMIS FL** ☐ Addition TITLE ☐ Delete TITLE Change COOK, GEORGE SR. NAME NAME 204 ERWIN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAYFIELD KY TITLE ☐ Delete TITLE ☐ Change Addition COOK, JOHN E. NAME NAME STREET ADDRESS 1010 BRAND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MAYFIELD KY Change ☐ Addition TITLE ☐ Delete TITLE COOK, NANCY C. NAME NAME STREET ADDRESS STREET ADDRESS 6520 E SPEEDWAY CITY-ST-ZIP CITY-ST-ZIP TUSCON AZ TITLE DST ☐ Delete TITLE Change Change ☐ Addition NAME BOYD, CURTIS J. NAME STREET ADDRESS STREET ADDRESS 405 GOLF CLUB LN CITY-ST-ZIP CITY-ST-ZIP MAYFIELD KY TITLE ☐ Delete TITLE K: Change ☐ Addition COOK, GREG 615 S. 1ST STREET COOK, GREG NAME NAME STREET ADDRESS STREET ADDRESS 613 E COLLEGE ST CITY-ST-ZIP CITY-ST-ZIP MAYFIELD, KY 42066 MAYFIELD KY

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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CH2E034 (10/00)