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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

96 MAY 10 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # U00043 (3)
1. Corporation Name
SOUTHEASTERN DAIRY COOPERATIVE ASSN., INC.



Principal Place of Business Mailing Address
4400 S.W. 36TH STREET 4400 S.W. 36TH STREET
FORT LAUDERDALE FL 33314 FORT LAUDERDALE FL 33314

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

3. Date Incorporated or Qualified 10/11/1991 3a. Date of Last Report 05/01/1995
4. FEI Number 65-0297412 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

KIDWELL, JACK I.
4400 S.W. 36TH STREET
FORT LAUDERDALE FL 03331

81 Name
82 Street Address (P.O. Box Number is not Allowed) 8000001821508
-05/15/96--01008--020
83 *****61.25 *****61.25
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE D
NAME HOBBS, JOHN
STREET ADDRESS 105 BLOOMING FIELD DRIVE
CITY-ST-ZIP BRANDON FL
TITLE PD
NAME RUCKS, T.T. SR
STREET ADDRESS 220 SW 21ST STREET
CITY-ST-ZIP OKECHOBEE FL
TITLE STD
NAME BAUMANN, CARL
STREET ADDRESS 14303 ST ROSE RD
CITY-ST-ZIP HIGHLAND IL
TITLE VD
NAME PEACHY, JOHN
STREET ADDRESS RT 1 BOX 333-C
CITY-ST-ZIP MYAKKA CITY FL
TITLE D
NAME CLEMONS, NORMAN F
STREET ADDRESS 2750 TRAIL DAIRY CIR
CITY-ST-ZIP N FORT MYERS FL
TITLE D
NAME MOORE, DOUG
STREET ADDRESS 12094 NEW BERLIN ROAD
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.T. Rucks, Sr. - President

Date

Daytime Phone #

4/29/96 (954) 583-3344

CR2E037 (12/95)

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ADDITIONAL OFFICERS AND DIRECTORS
OF SOUTHEASTERN DAIRY COOPERATIVE ASSN., INC.
FEI #65-0297412

7.1 Title	D
7.2 Name	Thomas, Charles
7.3 Street Address	Route 1, Box 177
7.4 City-St-Zip	Branford, FL 32008
8.1 Title	D
8.2 Name	Williams, Charles R.
8.3 Street Address	Route 2, Box 650
8.4 City-St-Zip	Avon Park, FL 33825
9.1 Title	D
9.2 Name	Smith, Kenneth
9.3 Street Address	23421 Whitman Road
9.4 City-St-Zip	Brooksville, FL 34601