## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V59240

(4)

HYCREST DAIRY, INC.

FILED									
Feb 27 1997 8:00am									
Secretary of State									

			500	· 36 1	30.00	4 mm (d) (d)				
Principal Place of Business Mailing Address					$\neg \vdash$	{				
ROUTE 7. BOX TALLAHASSEE		ROUTE 7. BOX 500 M TALLAHASSEE FL 32308-1	ROUTE 7. BOX 500 M TALLAHASSEE FL 32308-9802							
i						3. Date Incorporated or Qualified 08/21/1992	3a. Date 04/26	of Last Ro /1996	eport	
2. Principa Pi	ace of Business	2a. Mailing Address			·····	4. FEI Number		Ap	plied For	
21	, , <u>.</u>	26				59-3138684			t Applicable	
Suite, Apt 1		Suite Apt. #, etc. 27				5. Certificate of Status Desired	<u> </u>	Fee Re	<u> </u>	
City & State	!	City & State				6. Election Campaign Financing	L.J	\$5.00		
23	Country	28 Zip	Country			Trust Fund Contribution		Added t		
Ζιρ <b>24</b>	25	29	30			8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes ☐ No				
24]	, <del></del>	nd Address of Current Registered Agent				10. Name and Address of New Registered Agent				
ROB	ERTS, FRANK M JR.		81	Name	3					
Į.	7, BOX 500M		82	Stree	Arintes	s (P.O. Box Number is Not Acceptab	le)			
	ENER OF U.S. 90 AND MAGN	OLIA ROAD	V.	JULEG	LAUGIES	s (1.0, box nomber is not acceptac	101			
	LAHASSEE FL 32301		83							
			84	City				85 Zip (	Code	
				<u> </u>			FL			
office or re	o the provisions of Sections 607 0 egistered agent, or both, in the Standar with, and accept the ob-	ite of Horida. Such change was a	authorized b	v the co	o corpor rporation	ation submits this statement for the p is board of directors. I hereby accep	ot the appoin	anging ii Iment as	registered	
	legistate (g.s.) se pionel name of registerio		E. Flegistered Ag	eni signatu	re required		DATE	DEATAE		
12.		AND DIRECTORS	13.		T	ADDITIONS/CHANGES TO OFFIC		Change	Addition	
met	DP CONTRACTOR	☐ DELETE	1.1 TITLE				i	Linange	Monton	
NAM"	ROBERTS, FRANK M., JR.		1.2 NAME							
STREET ADDRESS	RT. 7, BOX 500 M TALLAHASSEE FL			t address						
CHY-SL ZIP THLE	DVS	DELETE	1.4 CITY-1 2.1 TITLE	S1 - ZIP	<del></del> -			Change	Addition	
NAM:	ROBERTS, CLARIECE		2.2 NAME							
STREET ADDRESS	RT. 7, BOX 500 M			T ADDRESS	.					
CHY-ST ZIP	TALLAHASSEE FL		2 4 CHY-							
TillE	.,	DELETE	31 THE	01 2"	+			Change	Addition	
N5ME			32 NAME							
STREET ADDRESS			33 STREE	T ADDRESS						
CHY-ST ZIP			3.4. CITY-	SI-ZIP						
TELF		DELETE	4.1 TITLE					Change	Addition	
NAM:			4. 2 NAME							
STREET ACCRESS			4.3 STREE	T ADDRESS	;					
CHY ST ZIF			4.4 CITY-	ST-ZIP					<del></del>	
THEF		☐ DELETE	5.1 T(TL€				L	j Change	Addition	
NAME			5.2 NAME							
STREET ADORESS:				T ADDRESS	5					
CHY S!- ZIF		Dritte	5.4 CITY -	ST-ZIP				Change	Addition	
TATA		☐ DELĒTE	61 THE				L	1 outside	Auditoli	
NAME			6 2 NAME							
STREET AFORESS				T ADDRESS	`					
CHY SI-74*	ov corbby that the information course	lied with this filing does not gual	64 CITY-	emplion	stated in	Section 119.07(3)(i), Florida Statute	s. I further co	ertify that	the	
informatio	at least a second out the consequent consect of	or supplemental annual report is to or the receiver or trustee empoy	true and acc vered to exe	HIPSTO OF	nd that m	y signature shall have the same legals required by Chapter 607, Florida 5	il ettect as it.	made un	rier cath: that	