

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90208 042 ***150.00

DOCUMENT # V59240

1. Corporation Name
HYCREST DAIRY, INC.

Principal Place of Business
ROUTE 7, BOX 500 M
TALLAHASSEE FL 32308

Mailing Address
ROUTE 7, BOX 500 M
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1992

4. FEI Number

59-3138684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 4400 HYCREST LANE

2a. Mailing Address

26 4400 HYCREST LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 TALLAHASSEE FL

27 TALLAHASSEE FL

City & State

City & State

23 32308 LEON

28 32308 LEON

Zip

Country

Zip

Country

24 32308 25 LEON

29 32308 30 LEON

9. Name and Address of Current Registered Agent

ROBERTS, FRANK M JR.
RT. 7, BOX 500M
CORNER OF U.S. 90 AND MAGNOLIA ROAD
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name ROBERTS, FRANK M JR.

82 Street Address (P.O. Box Number is Not Acceptable)
4400 HYCREST LANE

83

84 City TALLAHASSEE FL 85 Zip Code 32308

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ROBERTS, FRANK M., JR.
STREET ADDRESS RT. 7, BOX 500 M
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE DVS
NAME ROBERTS, CLARIECE
STREET ADDRESS RT. 7, BOX 500 M
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME ROBERTS, FRANK M., JR.
1.3 STREET ADDRESS 4400 HYCREST LANE
1.4 CITY-ST-ZIP TALLAHASSEE, FL. 32308

☒ Change

☐ Addition

2.1 TITLE DVS
2.2 NAME ROBERTS, CLARICE
2.3 STREET ADDRESS 4400 HYCREST LANE
2.4 CITY-ST-ZIP TALLAHASSEE, FL. 32308

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

Frank M. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/99
Date

850-668-9057
Daytime Phone #

CR2E034 (11/98)

0061757