

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 124923

Entity Name: LAKELAND ANIMAL NUTRITION, INC.**Current Principal Place of Business:**2727 SOUTH COMBEE ROAD
LAKELAND, FL 33803**Current Mailing Address:**2727 SOUTH COMBEE ROAD
LAKELAND, FL 33803 US**FEI Number:** 59-0324435**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|------------------------|
| Title | PRESIDENT, DIRECTOR |
| Name | LYONS, MARK P |
| Address | 3031 CATNIP HILL ROAD |
| City-State-Zip: | NICHOLASVILLE KY 40356 |

| | |
|-----------------|------------------------|
| Title | TREASURER, DIRECTOR |
| Name | BLAKE, ALRIC ANTHONY |
| Address | 3031 CATNIP HILL ROAD |
| City-State-Zip: | NICHOLASVILLE KY 40356 |

| | |
|-----------------|------------------------|
| Title | SECRETARY, DIRECTOR |
| Name | CASTLE , E. MICHAEL II |
| Address | 3031 CATNIP HILL ROAD |
| City-State-Zip: | NICHOLASVILLE KY 40356 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: E. MICHAEL CASTLE II**SECRETARY****03/06/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date