

**2019 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**

**01/16/2019**

Electronic Signature of Signing Officer/Director Detail

Date