

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H54179

Entity Name: CAMPBELL'S DAIRYLAND INC.**Current Principal Place of Business:**CAMPBELL'S DAIRYLAND, INC.
200 S. PARSONS AVE.
BRANDON, FL 33511**Current Mailing Address:**200 S. PARSONS AVE.
BRANDON, FL 33511**FEI Number:** 59-2519346**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAULES, JILL L
200 S. PARSONS AVE
BRANDON, FL 33511 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 PD
Name PAULES, JAY M
Address 743 FORTUNA DR.
City-State-Zip: BRANDON FL 33511Title VD
Name LEE, JAMES E
Address 713 PENNYROYAL PL.
City-State-Zip: BRANDON FL 33510Title SD
Name PAULES, JILL
Address 743 FORTUNA DR.
City-State-Zip: BRANDON FL 33511Title TD
Name LEE, LEESA
Address 713 PENNYROYAL PL.
City-State-Zip: BRANDON FL 33510Title D
Name CAMPBELL, JANE P
Address 11210 LEPRECHAUN DR.
City-State-Zip: RIVERVIEW FL 33569

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: JILL L PAULES**SECRETARY****04/02/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date