

FILE NOW: FILING FEE IS \$61.20

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **720230** (2)
1. Corporation Name
DAIRYMEN LODGE, INC.



Principal Place of Business Mailing Address
C/O JOHN V ARRENDALE JR
904 N COURT ST
QUITMAN GA 31643 **P.O. BOX 432**
QUITMAN, GA 31643-1316

3. Date Incorporated or Qualified **02/09/1971** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **25-4107538** Applied For
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. Not Applicable

22 City & State 27 City & State 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip 25 Country 28 Zip 30 Country 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
WARREN JR, JESSE F
119 WEST JEFFERSON
TALLAHASSEE FL
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARRENDALE JR, JOHN V | 1.2 NAME | |
| STREET ADDRESS | 904 N. COURT STREET | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | QUITMAN GA | 1.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, FRANKLIN | 2.2 NAME | |
| STREET ADDRESS | NO ADDRESS GIVEN | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | COOLIDGE GA 31738 | 2.4 CITY - ST - ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TENNYSON, WALTER B | 3.2 NAME | |
| STREET ADDRESS | MAGNOLIA DRIVE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | QUITMAN GA | 3.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACKSON, JESSE | 4.2 NAME | |
| STREET ADDRESS | 1202 N. COURT ST. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | QUITMAN GA 31643 | 4.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURTON, HAROLD | 5.2 NAME | |
| STREET ADDRESS | BOSTON ROAD | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | THOMASVILLE GA 31792 | 5.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLAND, T E | 6.2 NAME | |
| STREET ADDRESS | RT 6, BOX 676 | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | VALDOSTA GA 31601 | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John V Arrendale Jr.* 146-96 912-263-8375
DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)