


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720230 (2)
 1. Corporation Name
DAIRYMEN LODGE, INC.



Principal Place of Business C/O JOHN V ARRENDALE JR 904 N COURT ST QUITMAN GA 31643	Mailing Address P.O. BOX 432 QUITMAN, GF 31643-1316
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3. Date Incorporated or Qualified
02/09/1971

4. FEI Number
25-4107538

Applied For	
Not Applicable	

2. Principal Place of Business **21** 2a. Mailing Address **26**

Suite, Apt. #, etc. **22** Suite, Apt. #, etc. **27**

City & State **23** City & State **28**

Zip **24** Country **25** Zip **29** Country **30**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**WARREN JR, JESSE F
 119 WEST JEFFERSON
 TALLAHASSEE FL**

10. Name and Address of New Registered Agent

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 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 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.* **REQUIRED** *1/8/98 912-263-8375*

CR2E037 (10/97)