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Secretary of State

03-01-1999 90172 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720230

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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2. Principal Place of Business 21 % Gwen Arrendale Suite, Apt. #, etc. 22 904 N. Court St. City & State 23 Quitman, Ga. Zip Country 24 31643 25 Brooks	2a. Mailing Address 26 P. O. Box 432 Suite, Apt. #, etc. 27 City & State 28 Quitman, Ga. Zip Country 29 31643 30 Brooks	3. Date Incorporated or Qualified 02/09/1971	4. FEI Number 25-4107538 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME ARRENDALE JR, JOHN V STREET ADDRESS 904 N. COURT STREET CITY-ST-ZIP QUITMAN GA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME Franklin Smith 1.3 STREET ADDRESS 6788 Patten Coolidge Rd. 1.4 CITY-ST-ZIP Coolidge, Ga. 31738	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME SMITH, FRANKLIN STREET ADDRESS NO ADDRESS GIVEN CITY-ST-ZIP COOLIDGE GA 31738	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V 2.2 NAME Harold Burton 2.3 STREET ADDRESS 12079 E. 84 2.4 CITY-ST-ZIP Thomasville, Ga. 31792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME TENNYSON, WALTER B STREET ADDRESS MAGNOLIA DRIVE CITY-ST-ZIP QUITMAN GA	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S/T 3.2 NAME Gwen Arrendale 3.3 STREET ADDRESS 904 N. Court St. 3.4 CITY-ST-ZIP Quitman, Ga. 31643	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME JACKSON, JESSE STREET ADDRESS 1202 N. COURT ST. CITY-ST-ZIP QUITMAN GA 31643	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BURTON, HAROLD STREET ADDRESS BOSTON ROAD CITY-ST-ZIP THOMASVILLE GA 31792	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME T. E. Bland 5.3 STREET ADDRESS 5723 Jumping Gulley Rd. 5.4 CITY-ST-ZIP Valdosta, Ga. 31601	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BLAND, T E STREET ADDRESS RT 6, BOX 676 CITY-ST-ZIP VALDOSTA GA 31601	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME Nancy Tennyson 6.3 STREET ADDRESS Magnolia Drive 6.4 CITY-ST-ZIP Quitman, Ga. 31643	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* 1/20/99 912-263-8375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)