FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:11

DOCUMENT # 790919 (5)

1. Corporation Name
SECO DAIRIES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
ESSEX STREET - MUNICIPAL AIRPORT P.O. BOX 323 DELAND FL 32721-0323	ESSEX STREET - MUNICIPAL AIRPORT P.O. BOX 323 DELAND FL 32721-0323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1965
3a. Date of Last Report: 01/21/1994
4. FEI Number: 58-0619566 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MURPHY, WILLIAM R ASST SEC
ESSEX STREET-MUNICIPAL AIRPORT
DELAND FL 32720

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 32724

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Wm.R.Murphy Asst. Sec/Trea. W R Murphy 1/19/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BINSACK, HERB	1.2 NAME	Groye, Roger	
STREET ADDRESS	7115 WEST MAIN ST.	1.3 STREET ADDRESS	1370 Dale Road	
CITY-ST-ZIP	LEROY NY 14482	1.4 CITY-ST-ZIP	Buffalo, NY 14225	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, JAMES	2.2 NAME		
STREET ADDRESS	6609 BLANCO ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX	2.4 CITY-ST-ZIP		
TITLE	STM	3.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, WM R (ASST-S)	3.2 NAME		
STREET ADDRESS	ESSEX ST-MUNICIPAL AIRPO	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	Chairman of Board	☒ Change ☐ Addition
NAME	GEISLER, WM C	4.2 NAME		
STREET ADDRESS	P.O. BOX 4493, N/A	4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT IA	4.4 CITY-ST-ZIP		
TITLE	DDM	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHRIVER, D	5.2 NAME		
STREET ADDRESS	8257 DOW CIR	5.3 STREET ADDRESS		
CITY-ST-ZIP	STRONGSVILLE OH	5.4 CITY-ST-ZIP		
TITLE	VDM	6.1 TITLE		☐ Change ☐ Addition
NAME	KULLMANN, DONALD	6.2 NAME		
STREET ADDRESS	1100 N BROADWAY	6.3 STREET ADDRESS		
CITY-ST-ZIP	CARLINVILLE IL	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)(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 added on an attachment with an address.

SIGNATURE: W R Murphy Jan. 19, 1995 904-734-3906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001102