819486

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Annual Report
Filed 5-1-94

2 pgs.

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 MAY -1 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
PET MILK COMPANY

DOCUMENT #
819486 (2)

Mailing Address	Principal Place of Business
C/O TAX DEPARTMENT, 400 S. 4TH ST.	C/O TAX DEPARTMENT, 400 S. 4TH ST.
P.O. BOX 392	P.O. BOX 392
ST LOUIS MO 63166	ST LOUIS MO 63166

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Principal Place of Business — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 04/06/1966
3a. Date of Last Report: 04/28/1993
4. FEI Number: 43-0839128 — 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 Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 617.0502 or Sections 607.0502 and 617.0503, 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 and 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

11 TITLE	S/D
12 NAME	VOGT, PHYLLIS P.
13 STREET ADDRESS	200 WEST WHITE
14 CITY-ST-ZIP	MILLSTADT, IL 00000
21 TITLE	X
22 NAME	WESTCOTT, XXXX
23 STREET ADDRESS	XXXXXXXXXXXXXXXX
24 CITY-ST-ZIP	ST LOUIS, MO XX
31 TITLE	P/D
32 NAME	MITTELBUSHER, RICHARD L.
33 STREET ADDRESS	1151 WESTMOOR PLACE
34 CITY-ST-ZIP	TOWN & COUNTRY, MO 0
41 TITLE	T/D/V
42 NAME	KNIZEL, ANTHONY
43 STREET ADDRESS	1220 TAKARA CT.
44 CITY-ST-ZIP	ST LOUIS, MO 0
51 TITLE	A/T/D
52 NAME	WESLEY, PATRICK G
53 STREET ADDRESS	4707 BENNING
54 CITY-ST-ZIP	GRANITE CITY, IL 0
61 TITLE	V
62 NAME	SHEETS, MYRON
63 STREET ADDRESS	84 N.7 GREEN DR.
64 CITY-ST-ZIP	ST CHARLES, MO 0

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	
NAME	
STREET ADDRESS	
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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning the unified property imposed by Chapter 717, Florida Statutes; 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 or 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: Myron W. Sheets (signature) — Myron W. Sheets, Vice President — 314-622-6150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #