

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

90 MAY -1 PM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 819915 (0)**

1. Corporation Name  
**AMERICAN DAIRY QUEEN CORPORATION**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
7505 METRO BLVD MINNEAPOLIS MN 55439 US		P O BOX 39286 MINNEAPOLIS MN 55439-0286 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	09/30/1966	04/19/1994
Suite, Apt. #, etc.		4. FEI Number	Applied For
22		41-0853275	Not Applicable
City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, MICHAEL P.	1.2 NAME	
STREET ADDRESS	70 WOODLAND CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	EDINA MN	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHER, RUDY	2.2 NAME	Frank Heit
STREET ADDRESS	5608 PARKWOOD LN	2.3 STREET ADDRESS	367 Sugar Mill Drive
CITY - ST - ZIP	EDINA MN	2.4 CITY - ST - ZIP	Osprey FL
TITLE	CFOT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOOTY, CHARLES W	3.2 NAME	
STREET ADDRESS	4615 MOORLAND AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	EDINA MN	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, DAVID M.	4.2 NAME	
STREET ADDRESS	10033 IRWIN RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMINGTON MN	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, EDWARD A.	5.2 NAME	
STREET ADDRESS	11030 OREGON AVE., SOUTH	5.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMINGTON MN	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOOTY, JOHN W.	6.2 NAME	
STREET ADDRESS	6600 DOVRE DIRVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	EDINA MN	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)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

**SIGNATURE**

*David M. Bond*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

David M. Bond  
Secretary/Assistant Treasurer

4/26/95

(612) 830-0356