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Jan 16 1997 8:00am

Secretary of State



PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 845591

(7)

1. Corporation Name

GRANDE CHEESE COMPANY

Principal Place of Business

DAIRY RD
BROWNSVILLE WI 53006-0067
US

Mailing Address

DAIRY RD
BROWNSVILLE WI 53006
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

03/27/1980

3a. Date of Last Report

01/31/1996

4. FEI Number

39-0867071

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE C

NAME CANDELA, JOHN

STREET ADDRESS 607 CHURCH STREET

CITY-ST-ZIP LOMIRA, WI 00000

TITLE PD ☐ DELETE

NAME KERR, EDWARD R

STREET ADDRESS 962 GOLF VU DR

CITY-ST-ZIP FOND DU LAC WI

TITLE VP ☐ DELETE

NAME CAMILOTTO, ELIO

STREET ADDRESS 1086 MEADOW LANE

CITY-ST-ZIP FOND DU LAC WI

TITLE VP ☒ DELETE

NAME PURCELL, WILLIAM

STREET ADDRESS 235 W. CATHERINE ST.

CITY-ST-ZIP DARLINGTON WI

TITLE V ☐ DELETE

NAME YODER, FRED

STREET ADDRESS 1093 BUTTERMILK CREEK DR

CITY-ST-ZIP FOND DU LAC WI

TITLE VP ☒ DELETE

NAME WINTERSTEIN, HENRY

STREET ADDRESS 90 PHEASANT DRIVE

CITY-ST-ZIP FOND DU LAC WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. I am attaching with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James D. McAllister, VP-Finance & Planning

1/7/97

Date

(414) 269-7200

Daytime Phone #

0527681

CR2E034 (9/96)