

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P25181 (9)

1. Corporation Name
WELLS DAIRY, INC.



Principal Place of Business: **1 BLUE BUNNY DRIVE P O BOX 1310 LE MARS IA 51031-1310 US**
Mailing Address: **1 BLUE BUNNY DR P O BOX 1310 LE MARS IA 51031-1310 US**

3. Date Incorporated or Qualified: **07/10/1989**
3a. Date of Last Report: **05/01/1995**
4. FET Number: **42-1080796**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WELLS, FRED D.	
STREET ADDRESS	ONE BLUE BUNNY DRIVE	
CITY-ST-ZIP	LE MARS IA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WELLS, MICHAEL	
STREET ADDRESS	ONE BLUE BUNNY DRIVE	
CITY-ST-ZIP	LE MARS IA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HEEMSTRA, LARRY (ASST.)	
STREET ADDRESS	ONE BLUE BUNNY DRIVE	
CITY-ST-ZIP	LE MARS IA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WELLS, DANIEL	
STREET ADDRESS	ONE BLUE BUNNY DRIVE	
CITY-ST-ZIP	LE MARS IA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WELLS, FAY ROBERT	
STREET ADDRESS	ONE BLUE BUNNY DRIVE	
CITY-ST-ZIP	LE MARS IA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: Larry Heemstra **LARRY HEEMSTRA** Date: **4-25-96** Daytime Phone #: **(712) 546-4000**

CR2E034 (12/95)