

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt #, etc. City & State Zip Country
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3. Date Incorporated or Qualified 07/10/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 42-1080796	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reinstating) 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	CEO / CHAIRMAN OF BOARD <input checked="" 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 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, or on an attachment with an address.

SIGNATURE: *Larry Heemstra* *Larry Heemstra* 4-25-97 718-546-4000

CR2E034 (9/96)