

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 790919 (5)

1. Corporation Name

SECO DAIRIES OF FLORIDA, INC.



Principal Place of Business

Mailing Address

ESSEX STREET - MUNICIPAL AIRPORT  
P.O. BOX 323  
DELAND FL 32721-0323

ESSEX STREET - MUNICIPAL AIRPORT  
P.O. BOX 323  
DELAND FL 32721-0323

3. Date Incorporated or Qualified: 08/10/1965  
3a. Date of Last Report: 01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip: 32724

25 Country

29 Zip

30 Country

4. FEI Number: 58-0619566  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, WILLIAM R ASST SEC  
ESSEX STREET-MUNICIPAL AIRPORT  
DELAND FL 32720

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GROVE, ROGER	
STREET ADDRESS	1370 DALE ROAD	
CITY - ST - ZIP	BUFFALO NY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TURNER, JAMES	
STREET ADDRESS	6609 BLANCO ROAD	
CITY - ST - ZIP	SAN ANTONIO TX	
TITLE	STM	<input type="checkbox"/> DELETE
NAME	MURPHY, WM R (ASST-S)	
STREET ADDRESS	ESSEX ST-MUNICIPAL AIRPO	
CITY - ST - ZIP	DELAND FL	
TITLE	CB	<input type="checkbox"/> DELETE
NAME	GEISLER, WM C	
STREET ADDRESS	P.O. BOX 4493, N/A	
CITY - ST - ZIP	DAVENPORT IA	
TITLE	DDM	<input type="checkbox"/> DELETE
NAME	SCHRIVER, D	
STREET ADDRESS	8257 DOW CIR	
CITY - ST - ZIP	STRONGSVILLE OH	
TITLE	VDM	<input type="checkbox"/> DELETE
NAME	KULLMANN, DONALD	
STREET ADDRESS	1100 N BROADWAY	
CITY - ST - ZIP	CARLINVILLE IL	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wm. R. Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Wm. R. Murphy, Asst. Sec. Treas.

1/16/96

904-734-3906

Date

Daytime Phone #

CR2E037 (12/95)