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FILED
Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 ESSEX STREET - MUNICIPAL AIRPORT P.O. BOX 323 DELAND FL 32721-0323	Mailing Address ESSEX STREET - MUNICIPAL AIRPORT P.O. BOX 323 DELAND FL 32721-0323
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 08/10/1965
4. FEI Number 58-0619566
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MURPHY, WILLIAM R ASST SEC ESSEX STREET-MUNICIPAL AIRPORT DELAND FL 32720	
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10. Name and Address of New Registered Agent	
81 Name Ronald D. Edmundson Asst. Sec.	
82 Street Address (P.O. Box Number is Not Acceptable) 1600 Essex Ave - Municipal Airport	
84 City DeLand	85 Zip Code FL 32724

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 <i>Ronald D. Edmundson</i>	DATE <i>January 22, 1998</i>

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

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	7115 West Main Street
1.4 CITY-ST-ZIP	LeRoy, NY 14482
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1600 E. Lamar Blvd. 76011-4511
2.3 STREET ADDRESS	PO Box 5288
2.4 CITY-ST-ZIP	Arlington, TX 76005
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STM Ronald D. Edmundson
3.3 STREET ADDRESS	1600 Essex Ave.- Municipal Airport
3.4 CITY-ST-ZIP	DeLand, FL 32724
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D George Johnson
4.3 STREET ADDRESS	635 Elliott Ave., West
4.4 CITY-ST-ZIP	Seattle, WA 498119
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CB
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	
SIGNATURE: <i>Ronald D. Edmundson</i>	DATE: 1/5/98
SIGNATURE: <i>Ronald D. Edmundson Pres/CEO</i> 904-734-3906	

CR2E037 (10/97)