

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

CORPORATION
ANNUAL REPORT
1995/6



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

DOCUMENT # 819486
1. Corporation Name
PET MILK COMPANY

600001784866
-04/18/96--01003--032
***200.00

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 200 SOUTH SIXTH ST		26 C/O TAX DEPT 18X3		04/06/1966		4/27/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27 200 SOUTH SIXTH ST		43-0839128		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 MINNEAPOLIS, MN		28 MINNEAPOLIS, MN		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24 55402		25 HENNEPIN		29 55402		30 HENNEPIN	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C.T. CORPORATION 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 in correct name of registered agent and the Florida State

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	PRES, DIR, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	JENKO, JEROME
STREET ADDRESS		1.3 STREET ADDRESS	200 SOUTH SIXTH ST
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55402
TITLE		2.1 TITLE	S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	RYAN THOMAS
STREET ADDRESS		2.3 STREET ADDRESS	200 SOUTH SIXTH ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55402
TITLE		3.1 TITLE	AST TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	JOHNSON, LESLIE
STREET ADDRESS		3.3 STREET ADDRESS	200 SOUTH SIXTH ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55402
TITLE		4.1 TITLE	ASST SEC. DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	SCHMITT DAVID
STREET ADDRESS		4.3 STREET ADDRESS	200 SOUTH SIXTH ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55402
TITLE		5.1 TITLE	VP, TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	HAILEY, VANA
STREET ADDRESS		5.3 STREET ADDRESS	200 SOUTH SIXTH ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55402
TITLE		6.1 TITLE	ASST SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	LEAGUE, ALICE P
STREET ADDRESS		6.3 STREET ADDRESS	200 SOUTH SIXTH ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55402

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L.R. JOHNSON, ASST TR. 4/9/96 (612) 330-4915