

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 10 PM 12:52

DOCUMENT # 836781 (5)

1. Corporation Name

THE EGGO COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 298
SOUTH & CHARLOTTE STREET
POTTSTOWN PA 19464

Mailing Address

P.O. BOX 298
SOUTH & CHARLOTTE STREET
POTTSTOWN PA 19464

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 One Kellogg Square

Suite, Apt. #, etc.

22 PO Box 3599

City & State

23 Battle Creek, MI

Zip

24 49016

Country

25

2a. Mailing Address

26 One Kellogg Square

Suite, Apt. #, etc.

27 PO Box 3599

City & State

28 Battle Creek, MI

Zip

29 49016

Country

30

3. Date Incorporated or Qualified

08/02/1976

3a. Date of Last Report

04/18/1994

4. FEI Number

51-0190508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ 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

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MC MANUS, KATHLEEN A.
STREET ADDRESS	SOUTH & CHARLOTTE STS.
CITY - ST - ZIP	POTTSTOWN PA
TITLE	CD
NAME	FEENEY, JOHN J.
STREET ADDRESS	SOUTH & CHARLOTTE STS.
CITY - ST - ZIP	POTTSTOWN PA
TITLE	S
NAME	GILDEA, EDWARD
STREET ADDRESS	ONE KELLOGG SQ.
CITY - ST - ZIP	BATTLE CREEK MI
TITLE	VD
NAME	LITTLEWOOD, JOHN T.
STREET ADDRESS	SOUTH & CHARLOTTE STS.
CITY - ST - ZIP	POTTSTOWN PA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President/Director	☒ Change ☐ Addition
12 NAME	D. W. Thomason	
13 STREET ADDRESS	One Kellogg Square	
14 CITY - ST - ZIP	Battle Creek, MI 49016	
21 TITLE	Vice President/Director	☒ Change ☐ Addition
22 NAME	R. M. Clark	
23 STREET ADDRESS	One Kellogg Square	
24 CITY - ST - ZIP	Battle Creek, MI 49016	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	Treasurer	☒ Change ☐ Addition
42 NAME	G. A. Reimer	
43 STREET ADDRESS	One Kellogg Square	
44 CITY - ST - ZIP	Battle Creek, MI 49016	
51 TITLE	Director	☒ Change ☐ Addition
52 NAME	C. E. French	
53 STREET ADDRESS	One Kellogg Square	
54 CITY - ST - ZIP	Battle Creek, MI 49016	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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)(b), 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:

G. A. Reimer

G. A. Reimer, Treasurer 4/4/95 616/961-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number