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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 836781

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THE EGGO COMPANY

(3)		

FILED Apr 23 1997 8:00am Secretary of State



Principal Place of Business Mailing Address ONE KELLOGG SOUARE ONE KELLOGG SOUARE										
PO BOX 3599 PO BOX		PO BOX 3599								
		BATTLE CREEK MI 49017 US	LE CREEK MI 99017-3534		3. Date Incorporated or Qualified 3a. Date of Last Re 08/02/1976 04/30/1996		Report			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For		
21		26				51-0190508	1	Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional					
22		27	····		Fee Required					
City & State	е		City & State		6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	 -	Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	25 9. Name and Address of Curren	1 Projectored Agent	30	Florida Statutes Yes X No 10. Name and Address of New Registered Agent						
		t negistered Agent		81	Name	10. Name and Address of New Ne	Jisterou Agent			
	CORPORATION SYSTEM									
	O S. PINE ISLAND ROAD		82		82 Street Address (P.O. Box Number is Not Acceptable)					
PLA	NTATION FL 33324		-	83						
			}					<u> </u>		
				84	City		FL 85 Zip	Code		
11. Pursuant office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was	ites, the ab	ove-	named c	orporation submits this statement for the p oration's board of directors. I hereby accep	urpose of changing	its registered		
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statu	ites.		· · ·		Ů		
SIGNATURE	Signature, typed or printed name of registered age:	ut and trip if analisable (MC	36 Conjeteure	Aponl	Leigenture	equired when reinstating)	DATE			
12.	OFFICERS AND		13,	Ageni	e Brath. 6 16	ADDITIONS/CHANGES TO OFFIC)BS IN 12		
TITLE	PD	DELETE	1.1 Til	LE		7,20,110,10,001,110	☐ Change			
NAME	THOMASON, D.W.		1.2 NA				•	_		
STREET ADDRESS	ONE KELLOGG SQUARE				DORFSS			1		
CITY-ST-ZIP	BATTLE CREEK MI		1.4 CIT		- 1					
TITLE	VPD	DELETE	2.1 TIT				☐ Change	Addition		
NAME	CLARK, R.M.		2 2 NA	ME	1			ľ		
STREET ADDRESS	ONE KELLOGG SQUARE		2 3 S1	ieet a	DDRESS					
CITY-ST-ZIP	BATTLE CREEK MI		2.4 00	IY-SI	- Z tP					
TITLE	S	DELETE	3.1 TH	ιŧ			☐ Change	Addition		
NAME	GILDEA, EDWARD		3.2 NA	ME				ļ		
STREET ADDRESS	ONE KELLOGG SQ.		3.3 ST	REET A	DDRESS]		
CITY-ST-ZIP	BATTLE CREEK MI		3.4. CIT		- 2IP					
TITLE	T	⊠ DELETE	4.1 7(7	L E		ア	☐ Change	Addition		
NAME	REIMER, G.A.	•	4, 2 NA	ME		KOWNE, J.F.				
STREET ADDRESS	ONE KELLOGG SQUARE		4.3 STF	EET A	ODRESS	ONE KELLOG SOWARE		Į		
CITY-ST-ZIP	BATTLE CREEK MI		4 4 CIT	Y-S1-	ZIP	BATTLE CREEK, MI				
TITLE	D	DELETE					☐ Change	Addition		
NAME	HINTON, J. R		5.2 NA	ME						
STREET ADDRESS	ONE KELLOGG SQUARE		5.3 S16	REET A	DDRESS			1		
CITY-ST-ZIP	BATTLE CREEK MI		5.4 CIT	Y - \$T-	ZIP					
TITLE		☐ DELETE	6.1 T(T)	E			☐ Change	Addition		
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 \$16	REET A	DORESS					
CITY-ST-ZIP			6.4 CIT				- 1. ty			
14 I do horol	ny partity that the information cumplies	aun ton acob pailt aidt atuur	uny for the a	SVAR	intion eta	ited in Section 110 07(3)(i) Florida Statuta	 I turdbor cortifu the 	at the		

representation that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

4/14/97