

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 838422 (4)

1. Corporation Name

SCHWAN'S SALES ENTERPRISES, INC.



Principal Place of Business

115 WEST COLLEGE DRIVE
MARSHALL MN 56258

Mailing Address

115 WEST COLLEGE DRIVE
MARSHALL MN 56258

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
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

3. Date Incorporated or Qualified

05/17/1977

3a. Date of Last Report

03/16/1995

4. FEI Number

41-0879087

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature of person authorized to file this report

Signature of Agent (Signature required for filing)

DATE

12. OFFICERS AND DIRECTORS

NAME	DELETE
V MILITOR, GORDON J 115 W COLLEGE DRIVE MARSHALL MN	☒
SD MILLER, DONALD 115 W COLLEGE DRIVE MARSHALL MN	☐
VTD ANDERSON, ADRIAN J. 115 W COLLEGE DRIVE MARSHALL MN	☐
	☐
	☐
	☐
	☐
	☐
	☐
	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY & STATE	5. ZIP	6. CHANGE	7. ADDITION
President	Monetta H. Noyes	115 West College Drive	Marshall MN	56258	☐	☒
Director	Alfred Schwan	115 West College Drive	Marshall MN	56258	☐	☒
					☐	☐
					☐	☐
					☐	☐
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					☐	☐
					☐	☐
					☐	☐

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 199.07(5)(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 recorder 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

Adrian J. Anderson

507-532-3274