FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F94000000593 (3)

1. Corporation Name

DAWN FOOD PRODUCTS, INC.

Principal Place of Business	Mailing Address
2021 MICOR DRIVE JACKSON MI 49203	2021 MICOR DRIVE JACKSON MI 49203

3. Date Incorporated or Qualified: 02/08/1994
3a. Date of Last Report: 06/14/1995
4. FEI Number: 35-1438925 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		Delete	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change / Addition
TITLE	PCEO	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	JONES, RONALD L		1.2 NAME		
STREET ADDRESS	2021 MICOR DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MI 49203		1.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	JONES, STEVEN M		2.2 NAME	JONES, MARVEL C.	
STREET ADDRESS	2021 MICOR DRIVE		2.3 STREET ADDRESS	2021 MICOR DRIVE	
CITY-ST-ZIP	JACKSON MI 49203		2.4 CITY-ST-ZIP	JACKSON, MI 49203	
TITLE	VCOO	☐ DELETE	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	JONES, MILES E		3.2 NAME		
STREET ADDRESS	2021 MICOR DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MI 49203		3.4 CITY-ST-ZIP		
TITLE	TCFO	☐ DELETE	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	STAELENS, PETER J		4.2 NAME		
STREET ADDRESS	2021 MICOR DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MI 49203		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CROW, PHILIP E		5.2 NAME		
STREET ADDRESS	2021 MICOR DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MI 49203		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	DIXON, JOHN R		6.2 NAME	NALLY, JOHN C	
STREET ADDRESS	2021 MICOR DRIVE		6.3 STREET ADDRESS	2021 MICOR DRIVE	
CITY-ST-ZIP	JACKSON MI 49203		6.4 CITY-ST-ZIP	JACKSON, MI 49203	

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] May 14, 1996 517-789-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)