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FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000002582 (4)

1. Corporation Name
MID-AMERICA DAIRYMEN, INC.



Principal Place of Business
3253 E. CHESTNUT EXPRESSWAY
SPRINGFIELD MO 65802

Mailing Address
3253 E. CHESTNUT EXPRESSWAY
SPRINGFIELD MO 65802-2540

3. Date Incorporated or Qualified
05/18/1994

3a. Date of Last Report
06/10/1996

4. FEI Number
43-0905874

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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
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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	BAUMANN, CARL	
STREET ADDRESS	14303 ST. ROSE RD.	
CITY-ST-ZIP	HIGHLAND IL 62249	
TITLE	C	☒ DELETE
NAME	NIERMAN, EDWARD	
STREET ADDRESS	RT. 3, BOX 305	
CITY-ST-ZIP	CONCORDIA MO 64020	
TITLE	D	☒ DELETE
NAME	KUECHLE, MICHAEL	
STREET ADDRESS	18502 COUNTY RD. 2	
CITY-ST-ZIP	WATKINS MN 55330	
TITLE	D	☒ DELETE
NAME	BARKLEY, KEITH	
STREET ADDRESS	RT. 1, BOX 68	
CITY-ST-ZIP	GRETNA NE 68028	
TITLE	P	☐ DELETE
NAME	HANMAN, GARY	
STREET ADDRESS	612 N. ELM	
CITY-ST-ZIP	MARSHFIELD MO 65708	
TITLE	V	☐ DELETE
NAME	BOS, GERALD L	
STREET ADDRESS	RT. 1, BOX 101	
CITY-ST-ZIP	SPRINGFIELD MO 65802	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	First Vice President / Director ☐ Change ☒ Addition
2.2 NAME	Bill Siebenborn
2.3 STREET ADDRESS	Rt 1, Box 155
2.4 CITY-ST-ZIP	Trenton, mo 64683
3.1 TITLE	Second Vice President / Director ☐ Change ☒ Addition
3.2 NAME	Maynard Lang
3.3 STREET ADDRESS	1832 400th Ave.
3.4 CITY-ST-ZIP	Brooklyn, IA 52011
4.1 TITLE	Third Vice President / Director ☐ Change ☒ Addition
4.2 NAME	Case Van Der Byk
4.3 STREET ADDRESS	17650 Hellman Ave.
4.4 CITY-ST-ZIP	Corona, CA 91720
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

417-865-7100

CR2E034 (9/96)