

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002582 (4)

1. Corporation Name
MD-AMERICA DAIRYMEN, INC.

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

Mailing Address
3253 E. CHESTNUT EXPRESSWAY
SPRINGFIELD MO 65802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1994	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 43-0905874		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 FL	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) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAUMANN, CARL		1.2 NAME				
STREET ADDRESS	14303 ST. ROSE RD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	HIGHLAND IL 62249		1.4 CITY-ST-ZIP				
TITLE	FVPD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEIBENBORN, BILL		2.2 NAME				
STREET ADDRESS	RT 1, BOX 155		2.3 STREET ADDRESS				
CITY-ST-ZIP	TRENTON MO		2.4 CITY-ST-ZIP				
TITLE	SVPD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LANG, MAYNARD		3.2 NAME	Kraus, Richard			
STREET ADDRESS	1832 400 AVE		3.3 STREET ADDRESS	D 1968 Elm St.			
CITY-ST-ZIP	BROOKLYN IA		3.4 CITY-ST-ZIP	Stratford, WI 54484			
TITLE	TVPD	<input type="checkbox"/> DELETE	4.1 TITLE	SVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAN DER EYK, CASE		4.2 NAME				
STREET ADDRESS	17650 HELLMAN AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	CORNA CA		4.4 CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HANMAN, GARY		5.2 NAME	Michael Kuechle			
STREET ADDRESS	612 N. ELM		5.3 STREET ADDRESS	18502 County RD 2			
CITY-ST-ZIP	MARSHFIELD MO 65706		5.4 CITY-ST-ZIP	Watkins, MN 55389			
TITLE	V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOS, GERALD L		6.2 NAME	Larry Purdom			
STREET ADDRESS	RT. 1, BOX 101		6.3 STREET ADDRESS	Rt. 2 Box 245			
CITY-ST-ZIP	SPRINGFIELD MO 65802		6.4 CITY-ST-ZIP	Purdy, MO 65734			

14. I 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 _____

CR2E034 (10/97)