PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **F94000002582**1. Corporation Name

DAIRY FARMERS OF AMERICA, INC.

Principal	Place	of	Business					

Mailing Address

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90070 017 ***158.75



3253 E. CHESTNUT EXPRESSWAY SPRINGFIELD MO 65802 3253 E. CHESTNUT EXPRESSWAY SPRINGFIELD MO 65802 SPRINGFIELD MO 65802		/AY		DO NOT WRITE IN THIS SPACE						
					3. Date Incorporated or Qualifed 05/18/1994					
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For			
10220 N	N. Executive Hills B	1 26 10220 N. Execu	ıtive	Hills	43-0905874		Not Applicable			
Suite, Apt.		Suite, Apt. #, etc.		Blvd			5 Additional			
22		27			o. Certificate of Status Desires	Fee	Required			
City & State	9	City & State			6. Election Campaign Financing		00 May Be			
23 Kansa	as City, MO				Trust Fund Contribution	Add	ed to Fees			
Zip	Country	Zip Country			8. This corporation owes the current year Intangible					
64153	25 USA	29 64153 30 USA			Personal Property Tax. Yes No					
	9. Name and Address of Current	Registered Agent	81	Nama	10. Name and Address of New Registered	Agent				
CT C	ORPORATION SYSTEM		81	Name						
	S. PINE ISLAND RD.		82	82 Street Address (P.O. Box Number is Not Acceptable)						
	TATION FL 33324		<u> </u>							
PLAN	HAHON FL 33324		83							
			84	City	FL	85 Z	ip Code			
44 Dumunum	to the provisions of Sections 607.0603	and 607 1609 Florida Statutes	the above	a-named c	corporation submits this statement for the purpose of	changing	its registered			
office or n	egistered agent, or both, in the State c	it Florida. Such change was autho	onzed by	tne cordo	ration's board of directors. I hereby accept the appoir	ntment a	s registered			
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes	•						
SIGNATURE	Signature, typed or printed name of registered agent	and title if analyzable (NOTE: Pag	vistored Agen	t signature rec	quired when reinstating) DATE					
12.	OFFICERS AND		13.	it digitalists for	ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	CTORS IN 12			
πne	P	A DELETE	1.1 TITLE	2	P	XXChan	ge Addition			
NAME	BAUMANN, CARL		1.2 NAME	,	Gary E. Hanman		Į			
STREET ADDRESS	14303 ST. ROSE RD.		1.3 STREET	ADDRESS	10220 N. Executive Hills Bl	.vd.	1			
CITY-ST-ZIP	HIGHLAND IL 62249		1.4 CITY-S	1	Kansas City, MO 64153					
TITLE	FVPD	☐ DELETE	2.1 TITLE	,	C	☐ Chan	ge XX Addition			
NAME	SEIBENBORN, BILL		2.2 NAME		Herman Brubaker					
STREET ADDRESS	RT 1, BOX 155		2.3 STREET	ADDRESS	723 Yost Road					
• • • • • • • • • • • • • • • • • • • •	TRENTON MO		2. 4 CITY-S		W. Alexandria, OH 45381					
CITY-ST-ZIP	TVPD -	DELETE	3.1 TITLE			Chan	ge X Addition			
NAME	KRAUS, RICAHRD		3.2 NAME		Gerald L. Bos					
STREET ADDRESS	D 1968 ELM ST		3.3 STREET	ADDRESS	10220 N. Executive HIlls BJ	lvd.				
	STRATFORD WI 54484		3.4. CITY-S		Kansas City, MO 64153					
CITY-ST-ZIP TITLE	SVPD	☐ DELETE	4.1 TITLE	71-21	D	Char	nge Addition			
NAME	VAN DER EYK, CASE		4. 2 NAME	1	-					
STREET ADDRESS	17650 HELLMAN AVE		4.3 STREET	TADDRESS						
	CORNA CA		4.4 CITY-S							
CITY-ST-ZIP TITLE	S	□ DELETE	5.1 TITLE	. 4417	S/D	X Char	nge Addition			
NAME	KUECHLE, MICHAEL	<u> </u>	5.2 NAME	- [6	Charles Beckendorf					
STREET ADDRESS	18502 COUNTY RD 2		5.3 STREET	ADDRESS	19503 Cypress-Rosehill Road					
	WATKINS MN 55389	ı	5.4 CITY-S		Tomball, TX 77375					
CITY-ST-ZIP TITLE	T THE WITE SUCCE	☐ DELETE	6.1 TITLE		D	▼] Char	nge			
	DIEDUVI I VEDA		6.2 NAME]-	<i>D</i>	41				
NAME	PURDON, LARRY		6.3 STREET	TADDRESS	•		ľ			
STREET ADDRESS	RT. 2 BOX 245		5.5 5 MLE							

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 of 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, with all other like empowered.

SIGNATURE:

(816)801-6455