

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F96000006272 (6)**

1. Corporation Name

ALWYN COMPANY, INC. OF MINNESOTA

Principal Place of Business

Mailing Address

**PO BOX 940
MANKATO MN 56002**

**PO BOX 940
MANKATO MN 56002-0940**



3. Date Incorporated or Qualified

12/03/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **HANCOCK, SHARON**
STREET ADDRESS **HIGHWAY 60 EAST**
CITY- ST- ZIP **LAKE CRYSTAL MN 56055**

TITLE **V** ☒ DELETE
NAME **HANCOCK, LARRY**
STREET ADDRESS **HIGHWAY 60 EAST**
CITY- ST- ZIP **LAKE CRYSTAL MN 56055**

TITLE **TS** ☒ DELETE
NAME **KLINKER, ALLEN**
STREET ADDRESS **HIGHWAY 60 EAST**
CITY- ST- ZIP **LAKE CRYSTAL MN 56055**

TITLE **CD** ☐ DELETE
NAME **SWEEN, MAURICE A**
STREET ADDRESS **HIGHWAY 60 EAST**
CITY- ST- ZIP **LAKE CRYSTAL MN 56055**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Maurice A. Sween**
1.3 STREET ADDRESS **Hwy 60 East**
1.4 CITY- ST- ZIP **Lake Crystal, MN 56055**

2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME **John A. Miller**
2.3 STREET ADDRESS **Hwy 60 East**
2.4 CITY- ST- ZIP **Lake Crystal, MN 56055**

3.1 TITLE **Sec/Tres** ☒ Change ☐ Addition
3.2 NAME **Sharon Hancock**
3.3 STREET ADDRESS **Hwy 60 East**
3.4 CITY- ST- ZIP **Lake Crystal, MN 56055**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

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:

SHARON HANCOCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97 **507/126-2400**
Date Daytime Phone # **001185**

CR2E034 (9/96)