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Apr 09 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 # **F96000006272 (6)**

1. Corporation Name

ALWYN COMPANY, INC. OF MINNESOTA

Principal Place of Business

**PO BOX 940
MANKATO MN 56002**

Mailing Address

**PO BOX 940
MANKATO MN 56002**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1996

2. Principal Place of Business

21 Suite, Apt. #, etc. 26 Mailing Address

22 City & State 27 Suite, Apt. #, etc.

23 Zip 28 City & State

24 Country 29 Zip

25 Country 30 Country

4. FEI Number

41-1313601

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE **P** **SWEEN, MAURICE A** ☒ DELETE

1.2 NAME **HIGHWAY 60 EAST**

1.3 STREET ADDRESS **LAKE CRYSTAL MN**

1.4 CITY-ST-ZIP

2.1 TITLE **VP** ☒ DELETE

2.2 NAME **MILLER, JOHN A**

2.3 STREET ADDRESS **HIGHWAY 60 EAST**

2.4 CITY-ST-ZIP **LAKE CRYSTAL MN**

3.1 TITLE **ST** ☒ DELETE

3.2 NAME **HANCOCK, SHARON**

3.3 STREET ADDRESS **HIGHWAY 60 EAST**

3.4 CITY-ST-ZIP **LAKE CRYSTAL MN**

4.1 TITLE **CD** ☐ DELETE

4.2 NAME **SWEEN, MAURICE A**

4.3 STREET ADDRESS **HIGHWAY 60 EAST**

4.4 CITY-ST-ZIP **LAKE CRYSTAL MN 56055**

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **JOHN A. MILLER**

1.3 STREET ADDRESS **HIGHWAY 60 EAST**

1.4 CITY-ST-ZIP **LAKE CRYSTAL MN 56055**

2.1 TITLE **V** ☐ Change ☒ Addition

2.2 NAME **MARK G. HERLL**

2.3 STREET ADDRESS **12645 DURANGO PLACE**

2.4 CITY-ST-ZIP **APPLE VALLEY MN 55124**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

Mark Herll

MARK HERLL 4/2/98

507-7210-2400

CR2E034 (10/97)