

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90059 041 ***150.00

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DOCUMENT # F96000006535

1. Corporation Name
SSE FOODS, INC.

Principal Place of Business
115 W COLLEGE DR
MARSHALL MN 56258

Mailing Address
115 W COLLEGE DR
MARSHALL MN 56258

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/13/1996

4. FEI Number
41-1713393

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

TITLE DC ☒ DELETE

NAME SCHWAN, ALFRED P
STREET ADDRESS 115 W COLLEGE DR
CITY-ST-ZIP MARSHALL MN 56258

TITLE CEO ☒ DELETE

NAME SCHWAN, ALFRED P
STREET ADDRESS 115 W COLLEGE DR
CITY-ST-ZIP MARSHALL MN 56258

TITLE VPTD ☐ DELETE

NAME HERRMANN, DAN
STREET ADDRESS 115 W COLLEGE DR
CITY-ST-ZIP MARSHALL MN 56258

TITLE DS ☐ DELETE

NAME MILLER, DONALD
STREET ADDRESS 115 W COLLEGE DR
CITY-ST-ZIP MARSHALL MN 56258

TITLE CFO ☐ DELETE

NAME MILLER, DONALD
STREET ADDRESS 115 W COLLEGE DR
CITY-ST-ZIP MARSHALL MN 56258

TITLE PCOO ☐ DELETE

NAME NOYES, KENNETH H
STREET ADDRESS 115 W COLLEGE DR
CITY-ST-ZIP MARSHALL MN 56258

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

VITD
Herrmann, Dan
115 West College Drive
Marshall, MN 56258

P/CEO/D
Noyes, Kenneth H.
115 West College Drive
Marshall, MN 56258

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)