

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

FILED

May 20 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 # **F97000004129 (9)**

1. Corporation Name

DAIRY QUEEN OPERATORS COOPERATIVE, INC.

Principal Place of Business

**1107 HAZELTINE BLVD. STE 475
CHASKA MN 55318**

Mailing Address

**1107 HAZELTINE BLVD. STE 475
CHASKA MN 55318**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/06/1997	
21 14848 OLD US Hwy 41		26 14848 OLD US Hwy 41		4. FEI Number 41-1731468	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22 Ste 11		27 Ste 11		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Naples FL		28 Naples FL		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24 34110		29 34110		30	
Country		Country			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
COOPER, HARRIS 9853 NO TAMiami TRAIL STE 227 D NAPLES FL 34108		81 Name COOPER, HARRIS			
		82 Street Address (P.O. Box Number is Not Acceptable) 26455 Clarkston DR			
		83			
		84 City BONITA SPRINGS			
		85 Zip Code FL 34135			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, HARRIS	1.2 NAME	
STREET ADDRESS	9852 NO TAMiami TRAIL STE 227 D	1.3 STREET ADDRESS	26455 Clarkston DR
CITY-ST-ZIP	NAPLES FL 34108	1.4 CITY-ST-ZIP	BONITA SPRINGS FL 34135
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, HUGH	2.2 NAME	
STREET ADDRESS	701 EAST JACKSON	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN GA 31040	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, FORREST	3.2 NAME	
STREET ADDRESS	519 MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MT VERNON IL 62864	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUECK, LEE	4.2 NAME	
STREET ADDRESS	7027 KINGS ROW	4.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBURN IN 48797	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIKE, ROBERT	5.2 NAME	
STREET ADDRESS	8529 HICKORY HILL DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	POLAND OH 44514	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIZER, JERRY	6.2 NAME	
STREET ADDRESS	321 SO MULBERRY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ELIZABETHTOWN KY 42701	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 an attachment with my address.

SIGNATURE:

Harris Cooper

4/20/98

941.514-7686

CR2E034 (10/97)