

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

DOCUMENT # F97000004129

1. Corporation Name

DAIRY QUEEN OPERATORS COOPERATIVE, INC.

Principal Place of Business

**14848 OLD US HWY 41
STE 11
NAPLES FL 34110
US**

Mailing Address

**14848 OLD US HWY 41
STE 11
NAPLES FL 34110
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1997

4. FEI Number

41-1731468

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**COOPER, H
26455 CLARKSTON DR
BONITA APSG FL 34135**

10. Name and Address of New Registered Agent - **Corrections**
only

81 Name

COOPER, HARRIS

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

BONITA SPRINGS

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 ☐ DELETE

NAME
COOPER, HARRIS
STREET ADDRESS
26455 CLARKSTON DR
CITY-ST-ZIP
BONITA SPGS FL 34135

TITLE ☐ DELETE

NAME
D COLLINS, HUGH
STREET ADDRESS
701 EAST JACKSON
CITY-ST-ZIP
DUBLIN GA 31040

TITLE ☐ DELETE

NAME
D CRAIG, FORREST
STREET ADDRESS
519 MAIN STREET
CITY-ST-ZIP
MT VERNON IL 62864

TITLE ☐ DELETE

NAME
D BRUECK, LEE
STREET ADDRESS
7027 KINGS ROW
CITY-ST-ZIP
WOODBURN IN 46797

TITLE ☐ DELETE

NAME
P PIKE, ROBERT
STREET ADDRESS
8529 HICKORY HILL DRIVE
CITY-ST-ZIP
POLAND OH 44514

TITLE ☐ DELETE

NAME
V RIZER, JERRY
STREET ADDRESS
321 SO MULBERRY
CITY-ST-ZIP
ELIZABETHTOWN KY 42701

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

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 #

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90042 015 ***150.00



CR2E034 (1/198)