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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000004130 (7)

1. Corporation Name

DAIRY QUEEN OPERATORS ASSOCIATION, 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

3. Date Incorporated or Qualified

08/06/1997

4. FEI Number

41-1287473

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

2. Principal Place of Business

21 14848 OLD US Hwy 41

Suite, Apt. #, etc.

22 Ste 11

City & State

23 NAPLES FL

Zip

24 34110

Country

2a. Mailing Address

25 14848 OLD US Hwy 41

Suite, Apt. #, etc.

27 Ste 11

City & State

28 NAPLES FL

Zip

29 34110

Country

30

9. Name and Address of Current Registered Agent

COOPER, HARRIS
9853 NO TAMiami TRAIL STE 227 D
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name

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

26455 CLARKSTON DR

83

84 City

BONITA SPRINGS

FL

85 Zip Code

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

TITLE ☐ DELETE

NAME COOPER, HARRIS
STREET ADDRESS 9853 NO TAMiami TRAIL STE 227 D
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

26455 CLARKSTON DR
BONITA SPRINGS FL 34135

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. If given an attachment with an address.

SIGNATURE

[Signature]

[Signature]

941-514-7686

CR2E034 (10/97)