

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 JUL 11 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M78639 (5)

1. Corporation Name
M. G. WALDBAUM COMPANY OF FLORIDA

Principal Place of Business Mailing Address
105 N MAIN P.O. BOX 573 WAKEFIELD NE 68784

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 5353 WAYZATA BLVD		2a 5353 WAYZATA BLVD		05/02/1988	03/08/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 SUITE 500		27 SUITE 500		59-2889976	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 MINNEAPOLIS, MN		28 MINNEAPOLIS, MN		<input type="checkbox"/>	<input type="checkbox"/>
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 55416	25 USA	29 55416	30 USA	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOUCHER, BILL	1.2 NAME	
STREET ADDRESS	3080 QUINWOOD LANE	1.3 STREET ADDRESS	5353 WAYZATA BLVD SUITE 500
CITY - ST - ZIP	PLYMOUTH MN	1.4 CITY - ST - ZIP	MINNEAPOLIS, MN 55416
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEDY, JOHN	2.2 NAME	
STREET ADDRESS	7282 GORDON DRIVE	2.3 STREET ADDRESS	5353 WAYZATA BLVD SUITE 324
CITY - ST - ZIP	EDEN PRAIRIE MN	2.4 CITY - ST - ZIP	MINNEAPOLIS, MN 55416
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPRIO, JEFF	3.2 NAME	
STREET ADDRESS	2500 W. LAKE SHOR E	3.3 STREET ADDRESS	5353 WAYZATA BLVD SUITE 324
CITY - ST - ZIP	MINNEAPOLIS MN	3.4 CITY - ST - ZIP	MINNEAPOLIS, MN 55416
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTRANDER, GREGG	4.2 NAME	
STREET ADDRESS	28060 BOULDER BRIDGE DR.	4.3 STREET ADDRESS	5353 WAYZATA BLVD SUITE 324
CITY - ST - ZIP	SHOREWOOD MN	4.4 CITY - ST - ZIP	MINNEAPOLIS, MN 55416
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, KIRK	5.2 NAME	
STREET ADDRESS	6180 HARBOR ROAD	5.3 STREET ADDRESS	840 SWIFT ST P.O. BOX 865
CITY - ST - ZIP	DAYTONA BEACH FL	5.4 CITY - ST - ZIP	DAYTONA BEACH, FL 32117
TITLE	AS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, TERRY	6.2 NAME	VICE PRESIDENT
STREET ADDRESS	308 MICHENER	6.3 STREET ADDRESS	BRADLEY L. COOK
CITY - ST - ZIP	WAKEFIELD NE	6.4 CITY - ST - ZIP	5353 WAYZATA BLVD SUITE 500
			MINNEAPOLIS, MN 55416

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 applicable, or on an attachment with an address.

SIGNATURE: Brad Cook **BRAD COOK** 6-21-95 (612) 595-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (3/95)