FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:36

DOCUMENT # P05560 (8)

1. Corporation Name
DOANE PRODUCTS COMPANY

Principal Place of Business	Mailing Address
WEST 20TH STREET & STATELINE RD. P.O.BOX 879 JOPLIN MO 64802-0879	WEST 20TH STREET & STATELINE RD. P.O.BOX 879 JOPLIN MO 64802-0879

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/03/1985
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 43-1350515 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FOUNTAIN, JAMES	1.2 NAME	
STREET ADDRESS	415 LAFAYETTE, SUITE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, BOB L.	2.2 NAME	
STREET ADDRESS	W. 20TH ST & ST-LINE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JOPLIN MO	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HAWKINS, H.L. III	3.2 NAME	PLEASE DELETE THIS NAME
STREET ADDRESS	415 LAFAYETTE SUITE 100	3.3 STREET ADDRESS	NO LONGER EMPLOYED AT DOANE
CITY-ST-ZIP	NEW ORLEANS LA	3.4 CITY-ST-ZIP	PRODUCTS COMPANY.
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	HESS, R. GENE	4.2 NAME	
STREET ADDRESS	W. 20TH ST & ST-LINE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JOPLIN MO	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	SD ☐ Change ☐ Addition
NAME	HAWKINS, H.L. III	5.2 NAME	
STREET ADDRESS	415 LAFAYETTE SUITE 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BOND, JAMES T.	6.2 NAME	
STREET ADDRESS	911 WALKER ST., STE. 977	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: R. Gene Hess R. GENE HESS, VICE PRESIDENT/FINANCE 1/13/95 417-624-6166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460000 FN