

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35490

1. Corporation Name

PMI Nutritional, Inc.

Principal Place of Business

1401 S. Hanley Rd
POB 66812
St Louis MO 63144

Mailing Address

1401 S. Hanley Rd
POB 66812
St Louis MO 63144

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/13/91

3a. Date of Last Report

2/8/94

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

36-3437650

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

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 South 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President P.
McMillan, E.L.
1401 S. Hanley Rd
St Louis Mo 63144

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☐ Change ☐ Addition
200001465132
-04/26/95--01053--025
****200.00 ****200.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
Abbott, D.L.
1401 S. Hanley Rd
St Louis Mo 63144

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
Alexander, I.R.
1401 S. Hanley Rd
St Louis Mo 63144

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
Chinger, A.F.
1401 S. Hanley Rd
St Louis Mo 63144

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TO
Mein, D.L.
1401 S. Hanley Rd
St Louis Mo 63144

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Alexander, I.R.
1401 S. Hanley Rd
St Louis Mo 63144

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

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)(k), 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:

Del S. Mein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95

(314) 768-4127

System Form 8