Robin Carnahan Secretary of State
2007 ANNUAL REGISTRATION REPORT
BUSINESS

File Number: 200728290347
00063218
Date Filed: 10/09/2007
Robin Carnahan
Secretary of State

REPORT DUE BY: **10/31/2007**

ANNUAL REPORT MONTH: **July**

00063218
VANDUSER GIN COMPANY
J. G. JOHNSON
P.O. BOX 158
VANDUSER, MO 63784

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**

801 Hamilton (Required)
STREET

Vanduser, MO **63784**
CITY/STATE ZIP

2 **If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.**

☐ The new registered agent _____
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address _____
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). **(MUST LIST PRESIDENT AND SECRETARY BELOW)** **A**

PRES **Terry Dame** **(Required)**
STREET/RT **#8 Oak Meadows**
CITY/STATE/ZIP **Sikeston, MO 63801**
V-PRES **J. G. Johnson**
STREET/RT **484 Mason Street**
CITY/STATE/ZIP **Vanduser, MO 63784**
SEC'Y **Louis Watkins** **(Required)**
STREET/RT **112 Foust**
CITY/STATE/ZIP **Sikeston, MO 63801**
TREAS .....
STREET/RT .....
CITY/STATE/ZIP _____

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). **(MUST LIST AT LEAST ONE DIRECTOR BELOW)** **B**

NAME **Terry Dame** **(Required)**
STREET/RT **#8 Oak Meadows**
CITY/STATE/ZIP **Sikeston, MO 63801**
NAME .....
STREET/RT .....
CITY/STATE/ZIP _____
NAME .....
STREET/RT .....
CITY/STATE/ZIP _____
NAME .....
STREET/RT .....
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

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The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here **Jimmie G. Johnson** (Required)

Please print name and title of signature: **Jimmie G. Johnson** / **Vice President**
NAME TITLE

REGISTRATION REPORT FEE IS:

____ $20.00 If filed on or before 10/31
____ $35.00 If filed on or before 11/30
____ $50.00 If filed on or before 12/31
____ $65.00 If filed on or before 1/31

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102