

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90102 043 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 805072**

1. Corporation Name  
**HORMEL FOODS CORPORATION**

Principal Place of Business 5 CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATON FL 33324 US	Mailing Address % CT CORPORATION 1200 S PINE ISLAND RD PLANTATION FL 33324 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/22/1939	Not Applicable
22 City & State	27 City & State	4. FEI Number	5. Certificate of Status Desired <input type="checkbox"/>
23 Zip Country	28 Zip Country	41-0319970	\$8.75 Additional Fee Required
24	25	29	30

6. Election Campaign Financing  \$5.00 May Be Added to Fees

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax.  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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOEL W.	
STREET ADDRESS	301 S.W 22ND STREET	
CITY-ST-ZIP	AUSTIN MN 55912	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	MCCOY, J MICHAEL	
STREET ADDRESS	2205 NW 6TH AVE	
CITY-ST-ZIP	AUSTIN MI	
TITLE	EVCF	<input type="checkbox"/> DELETE
NAME	HODAPP, D.J.	
STREET ADDRESS	1905 9TH STREET S.W.	
CITY-ST-ZIP	AUSTIN MN	
TITLE	GVP	<input type="checkbox"/> DELETE
NAME	DICKSON, D N	
STREET ADDRESS	R.R. 5 - BOX 3A	
CITY-ST-ZIP	AUSTIN MN	
TITLE	GVP	<input type="checkbox"/> DELETE
NAME	BROWN, ERICC A	
STREET ADDRESS	2701 NW 4TH AVE	
CITY-ST-ZIP	AUSTIN MN	
TITLE	GVP	<input type="checkbox"/> DELETE
NAME	KERBER, S.E.	
STREET ADDRESS	303 S.W. 21ST STREET	
CITY-ST-ZIP	AUSTIN MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Vice President / Controller <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCCOY, MICHAEL J.
2.3 STREET ADDRESS	2804 2nd Ave N.W.
2.4 CITY-ST-ZIP	Austin mn 55912
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. McElroy **REQUIRED** Treasurer Date: 4/15/99 Daytime Phone #

CR2E034 (11/98)