

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

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED

95 MAY -1 AM 8:06

DOCUMENT # 827896 (2)

1. Corporation Name
MAPELLI FOOD DISTRIBUTION COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **ONE CONAGRA DRIVE CC-360 OMAHA NE 68102-0010**
Mailing Address: **ONE CONAGRA DRIVE CC-360 OMAHA NE 68102-0010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/02/1972**
3a. Date of Last Report: **04/14/1994**

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

4. FEI Number	Applied For
84-0519874	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing (Total Fwd Contribution)	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This Corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of Registered Agent and the Corporation) _____ (Signature of Registered Agent and the Corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, DONALD D.	1.2 NAME	
STREET ADDRESS	1912 27TH AVE.	1.3 STREET ADDRESS	
CITY, ST, ZIP	GREELEY CO	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILL, JOHN H.	2.2 NAME	John J. Dill
STREET ADDRESS	326 SOUTH 124TH ST.	2.3 STREET ADDRESS	
CITY, ST, ZIP	OMAHA NE	2.4 CITY, ST, ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, WILLIAM J.	3.2 NAME	
STREET ADDRESS	2624 51ST AVENUE	3.3 STREET ADDRESS	
CITY, ST, ZIP	GREELEY CO	3.4 CITY, ST, ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADBERG, SUE	4.2 NAME	
STREET ADDRESS	4629 CAPITOL AVE	4.3 STREET ADDRESS	
CITY, ST, ZIP	OMAHA NE	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMONEY, JOHN R.	5.2 NAME	
STREET ADDRESS	2156 28TH AVE CT.	5.3 STREET ADDRESS	
CITY, ST, ZIP	GREELEY CO	5.4 CITY, ST, ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, P.KAY	6.2 NAME	
STREET ADDRESS	1204 50TH AVENUE	6.3 STREET ADDRESS	
CITY, ST, ZIP	GREELEY CO	6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and does not qualify for the exemptions stated in Sections 133.021 thru 133.024, 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or on an attachment with an affidavit.

SIGNATURE: *John J. Dill*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John J. Dill

1/26/95