

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

05 MAY - 1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **574442** (0)
1. Corporation Name
TROPIM IMPORT CO.

Principal Place of Business Mailing Address
ONE CONAGRA DRIVE CC-360 **ONE CONAGRA DRIVE CC-360**
OMAHA NE 68102-2001 **OMAHA NE 68102-2001**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **06/01/1978** 3a. Date of Last Report **04/14/1994**

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

4. FEI Number **47-0759373** 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. 198.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
OFFICE NAME AND ADDRESS
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME Change Addition
1. STREET ADDRESS
1. CITY, ST. ZIP
2. NAME Change Addition
2. STREET ADDRESS
2. CITY, ST. ZIP
3. NAME Change Addition
3. STREET ADDRESS
3. CITY, ST. ZIP
4. NAME Change Addition
4. STREET ADDRESS
4. CITY, ST. ZIP
5. NAME Change Addition
5. STREET ADDRESS
5. CITY, ST. ZIP
6. NAME Change Addition
6. STREET ADDRESS
6. CITY, ST. ZIP

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated in Section 1351.021, 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 begin the same legal effect as if made under oath. That I am an officer or director of the corporation or the owner or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as required or in conjunction with an address.

SIGNATURE:

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

4/26/95