FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **790979** **(9)**

1. Corporation Name

FARMLAND FOODS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3315 NORTH OAK TRAFFIC WAY DEPT. 54 KANSAS CITY MO 64116-2775 US	3315 NORTH OAK TRAFFIC WAY DEPT. 54 KANSAS CITY MO 64116-2775 US

3. Date Incorporated or Qualified: **12/21/1968**
3a. Date of Last Report: **03/02/1994**
4. FEI Number: **42-0862509** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	GRAZIER, GEORGE E.	1.2 NAME		
STREET ADDRESS	3315 N. OAK TRAFFICWAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	1.4 CITY-ST-ZIP		
TITLE	CD	2.1 TITLE		☐ Change ☐ Addition
NAME	CLEBERG, H.D.	2.2 NAME		
STREET ADDRESS	3315 N. OAK TRAFFICWAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	2.4 CITY-ST-ZIP		
TITLE	VCD	3.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, GARY E.	3.2 NAME		
STREET ADDRESS	3315 N. OAK TRAFFICWAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	3.4 CITY-ST-ZIP		
TITLE	ST	4.1 TITLE	VP/ST	☐ Change ☒ Addition
NAME	BALDWIN, MARK L.	4.2 NAME		
STREET ADDRESS	3315 N. OAK TRAFFICWAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BERARDI, JOHN F.	5.2 NAME		
STREET ADDRESS	3315 N. OAK TRAFFICWAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE	D	☒ Change ☐ Addition
NAME	NUNN, KENT G.	6.2 NAME	Stephen P. Dees	
STREET ADDRESS	3315 N. OAK TRAFFICWAY, DEPT. 54	6.3 STREET ADDRESS	3315 N. Oak Trafficway	
CITY-ST-ZIP	KANSAS CITY, MO	6.4 CITY-ST-ZIP	Kansas City, MO	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Mark L. Baldwin, VP/S/T 4/12/95 816/459-5137
SIGNATURE OF, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

607A047