


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90056 014 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 790979**

1. Corporation Name

**FARMLAND FOODS, INC.**

Principal Place of Business

 3315 NORTH OAK TRAFFIC WAY  
 DEPT. 54  
 KANSAS CITY MO 64116-2775  
 US

Mailing Address

 P.O. BOX 7304  
 DEPT. 54  
 KANSAS CITY MO 64116-0005


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/21/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		42-0862509	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE		3.1 TITLE	PVC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVANS, GARY E.			3.2 NAME	EVANS, GARY E		
STREET ADDRESS	3315 N. OAK TRAFFICWAY			3.3 STREET ADDRESS	3315 N OAK TRAFFICWAY		
CITY-ST-ZIP	KANSAS CITY MO			3.4 CITY-ST-ZIP	KANSAS CITY MO 64116		
TITLE	VPS	<input type="checkbox"/> DELETE		4.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHTER, GEORGE H			4.2 NAME	RICHTER, GEORGE H		
STREET ADDRESS	3315 N. OAK TRAFFICWAY			4.3 STREET ADDRESS	3315 N OAK TRAFFICWAY		
CITY-ST-ZIP	KANSAS CITY MO			4.4 CITY-ST-ZIP	KANSAS CITY MO 64116		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	ST	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERARDI, JOHN F			6.2 NAME	MONROE, JULIE		
STREET ADDRESS	3315 N OAK TRAFICWAY			6.3 STREET ADDRESS	3315 N OAK TRAFFICWAY		
CITY-ST-ZIP	KANSAS CITY MO 64116			6.4 CITY-ST-ZIP	KANSAS CITY MO 64116		

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 617, 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:

Julie S. Monroe, Secretary/Treasurer

Date

4/7/99

816/459-5137

Daytime Phone #

CR2E037 (1/98)