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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 805072

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HORMEL FOODS CORPORATION

FILED	
Apr 27 1998 8:00am	ì
Secretary of State	



Principal Place	Mailing Address	ing Address		n voeren som editet drutt doute somm statt draft draft dieter bieter bieter felbt				
5 CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATON FL 33324 US		% CT CORPORATION 1200 S PINE ISLAND RD		DO NOT WRITE IN THIS SPACE				
		PLANTATION FL 3332 US	24		3. Date Incorporated or Qualified	S SPACE		
		00			06/22/1939			
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			41-0319970	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required		
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Cor	untry	8. This corporation owes or has paid the d	current year Intangible		
24	25	29	30		Personal Property Tax due June 30.	Yes No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		
CT	CORPORATION SYSTEM			81 Name				
120	O S. PINE ISLAND ROAD			82 Street A	ddress (P.O. Box Number is Not Acceptable)			
PLA	NTATION FL 33324							
				83				
				84 City	·	. 85 Zip Code		
				Oily	F	L S Zip code		
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida St	atutes, the a	bove-named o	corporation submits this statement for the purpose	of changing its registered		
agent. Far	n fa miliar with, and accept the obliga	tions of, Section 607.05 0 5	, Florida Sta	itutes.	oration's board of directors. I hereby accept the a	ppolitiment as registered		
SIGNATURE Signature, typod or printed hands of reposted agent and tilled applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.	Signature, typod or printed namin of registered agen OFFICERS AND		13.		equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A			
TITLE	CEOP	DELETE	1.1 1		7.00711010101111110201001110211011	Change Addition		
NAME	JOHNSON, JOEL W.			AME				
STREET ADDRESS	301 S.W 22ND STREET			TREET ADDRESS				
CITY-ST-ZIP	AUSTIN MN 55912			HTY-ST-ZIP				
TITLE	VPT	DELETE	211			Change Addition		
NAME	MCCOY, J MICHAEL		2.2 N	IAME				
STREET ADDRESS	2205 NW 6TH AVE			TREET ADDRESS				
CITY-ST-ZIP	AUSTIN MI			CITY-S1-ZIP				
TITLE	EVCF	☐ DELETE	3.1 T			Change Addition		
NAME	HODAPP, D.J.		3.2 N	AME				
STREET ADDRESS	1905 9TH STREET S.W.		3.3 5	TREET ADDRESS				
CITY-ST-ZIP	AUSTIN MN			CITY-ST-ZIP				
TITLE	GVP	DELETE	4.1 T			Change Addition		
NAME	DICKSON, D N		4.21	NAME				
STREET ADDRESS	R.R. 5 - BOX 3A		4.3 S	TREET ADDRESS				
CITY-ST-ZIP	AUSTIN MN		4.4 0	ITY-ST-ZIP				
TITLE	GVP	DELETE	5.1 T	71.5		Change Addition		
NAME	BROWN, ERICC A		5.2 N	AME (ſ		
STREET ADDRESS	2701 NW 4TH AVE		5.3 S	TREET ADDRESS				
CITY-ST-ZIP	Austin Mn			ITY-ST-ZIP				
TITLE	GVP	DELETE	6.1 T			Change Addition		
NAME	KERBER, S.E.		62 N	AME				
STREET ADDRESS	303 S.W. 21ST STREET		6.3 S	TREET ADDRESS				
CITY-ST-ZIP	AUSTIN MN		1	ITY-ST-ZIP				
-4 11 1					11 0 11 110 07(0)(1) 01 11 01 (1)			

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 frustee 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.

SIGNATURE: X MA / Dec. or