

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**

DOCUMENT # 821028

1. Corporation Name

John Morrell & Co.

1995 MAR 17 AM 11: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
c/o Tax Department 250 East Fifth Street, 27th Fl. Cincinnati, OH 45202	c/o Tax Department 250 East Fifth Street, 27th Fl. Cincinnati, OH 45202

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	12/29/67	4/19/94
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	36-2332471	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324				<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	
CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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

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/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph B. Sebring	1.2 NAME	
STREET ADDRESS	250 East Fifth Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Cincinnati, OH 45202	1.4 CITY-ST-ZIP	
TITLE	V/S/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles R. Morgan	2.2 NAME	
STREET ADDRESS	250 East Fifth Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Cincinnati, OH 45202	2.4 CITY-ST-ZIP	
TITLE	V/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William A. Tsacalis	3.2 NAME	
STREET ADDRESS	250 East Fifth Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Cincinnati, OH 45202	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warren J. Ligan	4.2 NAME	
STREET ADDRESS	250 East Fifth Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Cincinnati, OH 45202	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***200.00 ***200.00

3-17

SIGNATURE: Warren J. Ligan

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3/ 8 /95

(513) 784-8727

Division Three 2