

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

FILED

**Apr 17 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 821028 (8)

1. Corporation Name
JOHN MORRELL & CO.



Principal Place of Business 805 E KEMPER RD CINCINNATI OH 45246-2515 US	Mailing Address PO BOX 449 SMITHFIELD VA 23431-0449 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1967	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 36-2332471	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEBRING, JOSEPH B	
STREET ADDRESS	805 E KEMPER RD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TRUB, AARON D.	
STREET ADDRESS	999 WATERSIDE DRIVE, SUITE 900	
CITY-ST-ZIP	NORFOLK VA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUTER, JOSEPH W. III	
STREET ADDRESS	999 WATERSIDE DRIVE, SUITE 900	
CITY-ST-ZIP	NORFOLK VA	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	LITTLE, LEWIS R	
STREET ADDRESS	601 N CHURCH ST	
CITY-ST-ZIP	SMITHFIELD VA	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	C. LARRY POPE	
STREET ADDRESS	194 S. Church St	
CITY-ST-ZIP	SMITHFIELD VA 23430	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	200 Commerce Street
2.4 CITY-ST-ZIP	Smithfield, VA 23430
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	200 Commerce Street
4.4 CITY-ST-ZIP	Smithfield, VA 23430
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	200 Commerce Street
5.4 CITY-ST-ZIP	Smithfield, VA 23430
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE _____

CF2E034 (10/97)