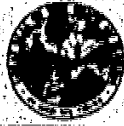


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 831325 (6)

1. Corporation Name
WILSON FOODS CORPORATION

Principal Place of Business Mailing Address
2601 NW EXPRESSWAY SUITE 1000 W. OKLAHOMA CITY OK 73112 US
P.O. BOX 26724 ATTN: TAX DEPT. OKLAHOMA CITY OK 73126 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/27/1973** 3a. Date of Last Report **03/15/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		73-0955617		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24		29					

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN T. HANES	1.2 NAME	R. Randolph Devening
STREET ADDRESS	2601 N.W. EXPRESSWAY	1.3 STREET ADDRESS	2601 NW Expressway
CITY - ST - ZIP	OKLAHOMA CITY OK	1.4 CITY - ST - ZIP	OKlahoma City OK
TITLE	VPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYNUM, BRYANT P.	2.2 NAME	
STREET ADDRESS	2601 N.W. EXPRESSWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAHOMA CITY OK	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, WILLIAM L.	3.2 NAME	William L. Brady
STREET ADDRESS	2601 N.W. EXPRESSWAY	3.3 STREET ADDRESS	2601 NW Expressway
CITY - ST - ZIP	OKLAHOMA CITY OK	3.4 CITY - ST - ZIP	OKlahoma City OK
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES I. MERRICK	4.2 NAME	Darian B. Andersen
STREET ADDRESS	2601 N.W. EXPRESSWAY	4.3 STREET ADDRESS	2601 NW Expressway
CITY - ST - ZIP	OKLAHOMA CITY OK	4.4 CITY - ST - ZIP	OKlahoma City OK
TITLE	VPS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM L. BRADY	5.2 NAME	
STREET ADDRESS	2601 NW EXPRESSWAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAHOMA CITY FL	5.4 CITY - ST - ZIP	
TITLE	AS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM L. BRADY	6.2 NAME	
STREET ADDRESS	2601 NW EXPRESSWAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAHOMA CITY OK	6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William L. Brady **William L. Brady** **405-879-5500**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Signature Person #)