

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 08, 1996 08:00 AM
Secretary of State

DOCUMENT # **832382** (6)

1. Corporation Name

CONAGRA POULTRY COMPANY



Principal Place of Business

**ONE CONAGRA DRIVE CC-360
OMAHA NE 68102-2001**

Mailing Address

**ONE CONAGRA DRIVE CC-360
OMAHA NE 68102-2001**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/20/1974

3a. Date of Last Report

05/01/1995

4. FET Number

71-0451514

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes

☐ Yes

☐ No

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

**THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301**

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 of agent)

(Typed, Printed Agent Signature and Registered Office Address)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VTS	☐ DELETE
NAME	THOMAS, L.B.	
STREET ADDRESS	ONE CONAGRA DRIVE	
CITY-STATE-ZIP	OMAHA, NE 0	
TITLE	AS	☐ DELETE
NAME	BADBERG, SUE	
STREET ADDRESS	ONE CONAGRA DRIVE	
CITY-STATE-ZIP	OMAHA, NE 0	
TITLE	V	☐ DELETE
NAME	DILL, J.J.	
STREET ADDRESS	ONE CONAGRA DRIVE	
CITY-STATE-ZIP	OMAHA, NE 0	
TITLE	D	☐ DELETE
NAME	L.B. THOMAS	
STREET ADDRESS	ONE CONAGRA DR	
CITY-STATE-ZIP	OMAHA NE	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
2. TITLE	☐ Change ☐ Addition
27 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
3. TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
4. TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
5. TITLE	☒ Change ☐ Addition
52 NAME	P
53 STREET ADDRESS	Tom Slamecka
54 CITY-STATE-ZIP	1730 Crystal Hills Dr.
6. TITLE	☐ Change ☐ Addition
62 NAME	Athens, GA 30606
63 STREET ADDRESS	
64 CITY-STATE-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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/96

402-595-4305
Daytime Phone #

CR2E034 (12/95)