FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **842987** **(0)**

1. Corporation Name
PROGRESSO QUALITY FOODS COMPANY

Principal Place of Business	Mailing Address
400 S. FOURTH ST. (ST. LOUIS, MO.) 63102 TAX DEPT. P.O.BOX 392 ST. LOUIS MO 63166	400 S. FOURTH ST. (ST. LOUIS, MO.) 63102 TAX DEPT. P.O.BOX 392 ST. LOUIS MO 63166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/11/1979
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 94-1644011 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

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 **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MITTELBUSHER, RICHARD L.	1.2 NAME	
STREET ADDRESS	1151 WESTMOOR PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TOWNE & COUNTRY MO	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	ELBIN, JOHN C	2.2 NAME	
STREET ADDRESS	221 LITCHEFORD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	2.4 CITY-ST-ZIP	
TITLE	DVT	3.1 TITLE	☐ Change ☐ Addition
NAME	KNIZEL, ANTHONY C.	3.2 NAME	
STREET ADDRESS	1220 TAKARA CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	☐ Change ☐ Addition
NAME	VOGT, PHYLLIS P.	4.2 NAME	
STREET ADDRESS	1220 WEST WHITE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILLSTADT IL	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	☐ Change ☐ Addition
NAME	WESLEY, PATRICK G.	5.2 NAME	
STREET ADDRESS	4704 BENNING	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRANITE CITY IL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	SHEETS, MYRON W.	6.2 NAME	
STREET ADDRESS	84 NO. 7 GREEN DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	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 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: David R. Wegner David R. Wegner Vice President APR 27 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FP