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Apr 27 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 # 845343 (3)  
1. Corporation Name  
WSMP, INC.

Principal Place of Business WSMP DRIVE P.O. BOX 399 CLAREMONT, NC. 28610	Mailing Address WSMP DRIVE P.O. BOX 399 CLAREMONT, NC. 28610
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 56-0945643	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFO	11 TITLE	CFO
NAME	HOLMAN, BOBBY G.	12 NAME	JAMES E. HARRIS
STREET ADDRESS	WSMP DR.	13 STREET ADDRESS	WSMP DRIVE
CITY - ST - ZIP	CLAREMONT NC	14 CITY - ST - ZIP	CLAREMONT NC
TITLE	CEO	2.1 TITLE	COO
NAME	RICHARDSON, JAMES C. JR	2.2 NAME	DAVID R. CLARK
STREET ADDRESS	WSMP DR	2.3 STREET ADDRESS	WSMP DRIVE
CITY - ST - ZIP	CLAREMONT NC	2.4 CITY - ST - ZIP	CLAREMONT NC
TITLE	CSD	3.1 TITLE	
NAME	HOWARD, RICHARD F.	3.2 NAME	
STREET ADDRESS	WSMP DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLAREMONT NC	3.4 CITY - ST - ZIP	
TITLE	VDF	4.1 TITLE	
NAME	HOLLIFIELD, MATTHEW	4.2 NAME	
STREET ADDRESS	WSMP DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLAREMONT NC	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	
NAME	BERRY, JAMES W.	5.2 NAME	
STREET ADDRESS	WSMP DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	CLAREMONT NC	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 \_\_\_\_\_ James E. Harris 4-17-98 (828) 450-7626

CP2E034 (10/97)