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

Mailing Address

ATTN: TAX DEPT 29R

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400005028

Principal Place of Business

800 MARKET STREET

RALSTON FOOD SALES, INC.

ST LOUIS MO 63101 US			P O BOX 618				DO NOT WRI	TE IN THIS :	SPACE	
03		US	ST LOUIS MO 63188-618 US				3. Date Incorporated or Qualifed			
							09/28/1994			}
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			Applied For
21			26				43-1668054		_ 	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75	Additional
22		27					5. Certifcate of Status Desired		Fee f	Required
City & State			City & State				6. Election Campaign Financing			🕽 May Be
23		28					Trust Fund Contribution			d to Fees
, Zip					auntry 8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No					
24	25 29 30						Personal Property Tax.	N	Yes	Ľ/No
Name and Address of Current Registered Agent						Name	10. Name and Address of New F	tegistered /	Agent	
C T CORPORATION SYSTEM					81	Name				
1200 SOUTH PINE ISLAND ROAD				82 Street Add			dress (P.O. Box Number is Not Accepta	ible)		
PLANTATION FL 33324				83						
FEATIATION FE 55524										
				ţ	84	City		FL	85 Zip	Code
-44 =			4500 EL : L OL L	41			the state of the s	. –	hangina i	to registered
office or re	egistered agent, or both, in the State	e of Florida.	. Such change was a	uthorized	DΥ	the corporat	poration submits this statement for the tion's board of directors. I hereby accept	t the appoin	itment as	registered
agent. I ar	m familiar with, and accept the oblig	ations of, S	Section 607.0505, Flo	rida Statu	ites.					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if a	onlicable (NOTE	: Registered	Agen	t signature regui	red when reinstating)	DATE		 [
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
TITLE	V		☐ DELETE	1.1 TIT	LE				☐ Change	e Addition
NAME	TAYLOR, W.E.			1.2 NA	ME					
STREET ADDRESS	800 MARKET STREET			1.3 STF	REET	ADDRESS				
CITY-ST-ZIP	ST LOUIS MO			1.4 CIT						
TILE	PD		☐ DELETE	2.1 TIT		·			Change	e Addition
NAME	SKARIE, D P			22 NA	ME					
STREET ADDRESS	800 MARKET STREET			2.3 ST	REET	ADDRESS				1
CITY-ST-ZIP	ST LOUIS MO			2. 4 CI						}
TITLE	CEOD-		☐ DELETE	3.1 TIT			1.11- <u>1</u>		Change	Addition
NAME	MICHELETTO, J R			3.2 NA						
STREET ADDRESS	800 MARKET STREET			3.3 STF	REET	ADDRESS				
Crty-ST-ZIP	ST LOUIS MO			3.4. CIT						
TITLE	SD		☐ DELETE	4.1 TITI					☐ Change	e 🔲 Addition
NAME	LOCKWOOD, R W			4, 2 NA	ME					
STREET ADDRESS	800 MARKET STREET			4.3 STF	REET	ADDRESS				{
CITY-ST-ZIP	ST LOUIS MO			4.4 CIT	Y-\$1	Γ- ZIP				
TITLE	AS		☐ DELETE	5.1 TIT	LE				☐ Chang	e [] Addition
NAME	MULLEN, L M			5.2 NA	ME					ļ
STREET ADORESS	800 MARKET STREET			5.3 STI	REE1	ADORESS				
CITY-ST-ZIP	ST LOUIS MO			5.4 CIT	Y-8	T-ZIP				
TITLE	1		☐ DELETE	6.1 TIT	LĒ				Change	e
NAME	SESCLEIFER, D.J.			6.2 NA	ME					j
	ON MARKET STREET			63.50	REET	ADORESS				

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

SIGNATURE:

CITY-ST-ZIP

ST LOUIS MO

Block 12 or Block 13 if changed

WEEDTAYEOR DVICE-PRESIDENT

attachment with an address, with all other like empowered.

04/22/99

314/877-7114

Daytime Phone #

May 10, 1999 8:00 am Secretary of State

05-10-1999 90042 036 ***150.00