


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

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000006638 (0)**

1. Corporation Name
ORE-IDA FOODS, INC.



Principal Place of Business 220 WEST PARKCENTER BLVD. BOISE ID 83706	Mailing Address 220 WEST PARKCENTER BLVD. BOISE ID 83706-3968
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1994	3a. Date of Last Report 01/30/1996
21		26		4. FEI Number 94-2475568	Applied For <input type="checkbox"/> 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		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		25			
		29			
		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STORMS, KEVIN P			1.2 NAME			
STREET ADDRESS	220 WEST PARKCENTER BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOISE ID			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WAMHOFF, RICHARD H			2.2 NAME			
STREET ADDRESS	220 WEST PARKCENTER BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOISE ID			2.4 CITY-ST-ZIP			
TITLE	VTSD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, CHARLES C			3.2 NAME			
STREET ADDRESS	220 WEST PARKCENTER BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOISE ID			3.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAPONI, CATHERINE A.			4.2 NAME			
STREET ADDRESS	191 MEADOW FIELD LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	JEFFERSON BOROUGH PA			4.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DURHAM, RICHARD E			5.2 NAME			
STREET ADDRESS	220 WEST PARKCENTER BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOISE ID			5.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, KARYLL A			6.2 NAME			
STREET ADDRESS	800 GRANT ST., 80TH FLOOR			6.3 STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA			6.4 CITY-ST-ZIP			

14. I do 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: *Charles C. White* **CHARLES C. WHITE** 1/6/97 208/383-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)