

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

FILED
May 05 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # F95000004244 (8)

1. Corporation Name
TYSON FARMS, INC.

Principal Place of Business
2210 OAKLAWN DR CP061
SPRINGDALE AR 72765-2020

Mailing Address
2210 OAKLAWN DR CP061
SPRINGDALE AR 72765-2020



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/31/1995 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 56-0754148 | 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 C T CORPORATION SYSTEM 1200 SOUTH 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 |
| | | | | 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 | DC | 1.1 TITLE | See Attached |
| NAME | TYSON, DON | 1.2 NAME | |
| STREET ADDRESS | 2210 OAKLAWN DR CP061 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SPRINGDALE AR 72765-2020 | 1.4 CITY-ST-ZIP | |
| TITLE | DC | 2.1 TITLE | |
| NAME | TOLLETT, LELAND E | 2.2 NAME | |
| STREET ADDRESS | 2210 OAKLAWN DR CP061 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SPRINGDALE AR 72765-2020 | 2.4 CITY-ST-ZIP | |
| TITLE | CEO | 3.1 TITLE | |
| NAME | TOLLETT, LELAND E | 3.2 NAME | |
| STREET ADDRESS | 2210 OAKLAWN DR CP061 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SPRINGDALE AR 72765-2020 | 3.4 CITY-ST-ZIP | |
| TITLE | DV | 4.1 TITLE | EVP & CFO |
| NAME | JOHNSTON, GERALD | 4.2 NAME | WAYNE BRITT |
| STREET ADDRESS | 2210 OAKLAWN DR CP061 | 4.3 STREET ADDRESS | 2210 Oaklawn Dr CP061 |
| CITY-ST-ZIP | SPRINGDALE AR 72765-2020 | 4.4 CITY-ST-ZIP | Springdale AR 72765-2020 |
| TITLE | DP | 5.1 TITLE | |
| NAME | WRAY, DONALD E | 5.2 NAME | |
| STREET ADDRESS | 2210 OAKLAWN DR CP061 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SPRINGDALE AR 72765-2020 | 5.4 CITY-ST-ZIP | |
| TITLE | COO | 6.1 TITLE | |
| NAME | WRAY, DONALD E | 6.2 NAME | |
| STREET ADDRESS | 2210 OAKLAWN DR CP061 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | SPRINGDALE AR 72765-2020 | 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 _____ DATE 4/15/98 (501) 290-1000

CR2E034 (10/97)

TYSON FARMS, INC.

THE OFFICERS OF THE CORPORATION

| <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--|-------------------|--|
| Chairman & C.E.O. | Leland E. Tollett | #6 Samoset Ct., Rogers, AR 72758 |
| President & Chief Operating Officer | Donald E. Wray | 2601 Johnson Rd., Springdale, AR 72764 |
| Exec. Vice President & C. F. O. | Wayne Britt | 2669 Sherwood Ln, Fayetteville, AR 72701 |
| Treasurer | Dennis Leatherby | 806 Dorman, Springdale, AR 72765 |
| Secretary | Mary Rush | PO Box 53, Prairie Grove, AR 72753 |
| Asst. Secretary | David Van Bebber | 2683 N.40th, Springdale, AR 72765 |
| Corp. Controller | James G. Ennis | 806 Holiman, Springdale, AR 72764 |

THE DIRECTORS OF THE CORPORATION

| | |
|-------------------|---|
| Don Tyson | 2210 W Oaklawn, Springdale, AR 72762 |
| John Tyson | Rt. 4, Box 367B, Springdale, AR 72764 |
| Leland E. Tollett | #6 Samoset Ct., Rogers, AR 72758 |
| Donald E. Wray | 2601 Johnson Rd., Springdale, AR 72764 |
| Wayne Britt | 2669 Sherwood LN., Fayetteville, AR 72701 |