

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 25 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000004561 (4)  
 1. Corporation Name  
**RYAN FOODS COMPANY**



Principal Place of Business: 100 E. CHESTNUT ST. MURRAY KY 42071  
 Mailing Address: 100 E. CHESTNUT ST. MURRAY KY 42071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/05/1996			
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip Country		28 Zip Country		61-0562264		Not Applicable	
24		25		29		30	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

g. 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	P GREEN, DANIEL E	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 E. CHESTNUT ST.	1.2 NAME	
STREET ADDRESS	MURRAY KY 42071	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V COLE, WELDON	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 E. CHESTNUT ST.	2.2 NAME	Trawick, William F.
STREET ADDRESS	MURRAY KY 42071	2.3 STREET ADDRESS	100 E. Chestnut st.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Murray KY 42071
TITLE	V MCMANAMAN, WILLIAM R	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3600 N. RIVER RD. .	3.2 NAME	
STREET ADDRESS	FRANKLIN PARK IL 60131	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DEAN, HOWARD M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3600 N. RIVER RD. .	4.2 NAME	200002304242
STREET ADDRESS	FRANKLIN PARK IL 60131	4.3 STREET ADDRESS	-09/26/97--01002--023
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***550.00
TITLE	D RAVENCROFT, THOMAS A	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3600 N. RIVER RD. .	5.2 NAME	
STREET ADDRESS	FRANKLIN PARK IL 60131	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D ROSE, THOMAS L	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3600 N. RIVER RD. .	6.2 NAME	
STREET ADDRESS	FRANKLIN PARK IL 60131	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: X *William R. McManaman* 8/18/97 (847) 678-1680

CR2E034 (4/97)