

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

FILED
May 19 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 09/05/1996	
4. FEI Number 61-0562264	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 _____ DATE _____
Signature typed or printed name of registered agent and filed applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P GREEN, DANIEL E	1.2 NAME	
STREET ADDRESS	100 E. CHESTNUT ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MURRAY KY 42071	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V TRAWICK, WILLIAM F	2.2 NAME	
STREET ADDRESS	100 E. CHESTNUT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MURRAY KY 42071	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V MCMANAMAN, WILLIAM R	3.2 NAME	
STREET ADDRESS	3800 N. RIVER RD. .	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN PARK IL 60131	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DEAN, HOWARD M	4.2 NAME	
STREET ADDRESS	3800 N. RIVER RD. .	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN PARK IL 60131	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RAVENCROFT, THOMAS A	5.2 NAME	
STREET ADDRESS	3800 N. RIVER RD. .	5.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN PARK IL 60131	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ROSE, THOMAS L	6.2 NAME	
STREET ADDRESS	3800 N. RIVER RD. .	6.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN PARK IL 60131	6.4 CITY-ST-ZIP	

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Barley, Richard E.
3600 N. River Road
Franklin Park, IL 60131

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 *x [Signature]*

CR2E034 (10/97)