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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000006623 (0)

1. Corporation Name

HUDSON FOODS, INC.

Principal Place of Business

PO BOX 777
ROGERS AR 72757

Mailing Address

PO BOX 777
ROGERS AR 72757-0777

3. Date Incorporated or Qualified
12/18/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

71-0427616

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ 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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCEO
NAME HUDSON, JAMES T
STREET ADDRESS 3 SAMOSET CT.
CITY-ST-ZIP ROGERS AR 72756

TITLE PDC
NAME HUDSON, MICHAEL T
STREET ADDRESS 2 CLUBHOUSE DR.
CITY-ST-ZIP ROGERS AR

TITLE DCEO
NAME JURGENSMAYER, CHARLES B
STREET ADDRESS 20 PINNACLE DR.
CITY-ST-ZIP ROGERS AR 72756

TITLE D
NAME SHANNON, ELMER W
STREET ADDRESS 16 CHAMPIONS BLVD.
CITY-ST-ZIP ROGERS AR 72756

TITLE D
NAME MAY, KENNETH N
STREET ADDRESS 203 MCELWEE ST.
CITY-ST-ZIP NORTH WILKESBORO NC 28659

TITLE D
NAME HITT, JERRY L
STREET ADDRESS 2 OAK TREE DR.
CITY-ST-ZIP ROGERS AR 72756

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/C
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE P/D/CEO
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE V/D/CEO
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE S/T
52 NAME TOMMY D. REYNOLDS
53 STREET ADDRESS 2211 WEST NEW HOPE ROAD
54 CITY-ST-ZIP ROGERS, AR 72756

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETREAS

3/24/97

(501) 631-5258

Date

Daytime Phone # 0011485

CR2E034 (9/96)