

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

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Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P03140** (1)  
1. Corporation Name:  
**STAR-KIST FOODS, INC.**



Principal Place of Business <b>1054 WAYS ST. TERMINAL ISLAND CA 90731 US</b>	Mailing Address <b>ONE RIVERFRONT PLACE NEWPORT KY 41071-4548 US</b>
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3. Date Incorporated or Qualified <b>08/24/1984</b>	3a. Date of Last Report <b>03/27/1996</b>
4. FEI Number <b>95-0753050</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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	
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>RUNKEL, JOHN</b>
STREET ADDRESS	<b>2356 HEATHER HILL BLVD.</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>
TITLE	CD <input type="checkbox"/> DELETE
NAME	<b>BOGDANOVICH, JOSEPH J.</b>
STREET ADDRESS	<b>71 SADDLEBACK ROAD</b>
CITY - ST - ZIP	<b>ROLLING HILLS CA</b>
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, WILLIAM R.</b>
STREET ADDRESS	<b>7338 WATERPOINT LANE</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, CHARLES K.</b>
STREET ADDRESS	<b>714 DUNCAN AVE., #1213</b>
CITY - ST - ZIP	<b>PITTSBURGH PA</b>
TITLE	T <input type="checkbox"/> DELETE
NAME	<b>REYBURN, STEPHEN D</b>
STREET ADDRESS	<b>975 LAKEWAY COURT</b>
CITY - ST - ZIP	<b>UNION KY</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>O'REILLY, ANTHONY J. F.</b>
STREET ADDRESS	<b>835 FOX CHAPEL ROAD</b>
CITY - ST - ZIP	<b>PITTSBURGH PA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>P D</b>
3.3 STREET ADDRESS	<b>David R. Williams</b>
3.4 CITY - ST - ZIP	<b>2107 Blairmont Drive</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>Pittsburgh PA 15421</b>
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  **Stephen D. Reyburn** Corp. Treasurer 4/7/97 (606)655-5161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)