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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09904

(4)

MORAN FOODS, INC.

FILED
May 14 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address									
8474 DELPORT DRIVE ST. LOUIS MO 63114		P.O. BOX 890- TAX DEPT MINNEAPOLIS MN 55440							
		U\$				3. Date Incorporated or Qualified 04/24/1986		Pate of Last Report	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FET Number 43-1283296		Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75 Additional	
City & Stat	6	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Bo Added to Fees		
Zip 24	Country 25	Zip 29	Gountry 30	y		8. This corporation has liability for intangible tax under s. 199.032, f lorida Statutes Yes No			
Name and Address of Current Registered Agent				4		10. Name and Address of New Registered Agent			
CT C	CORPORATION SYSTEM		81		Name				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82		Stroot Addre	Address (P.O. Box Number is Not Acceptable)			
154	TITALION VE GOOLY		83	+-					
			84		City		Fl	<b>85</b> Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agont, or both, in the State on familiar with, and accept the obliga	and 607,1508, Florida Statut of Florida, Such change was a tions of, Section 607,0505, Flo	es, the above authorized borida Statute	/e-r y tl	named corpo he corporation	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of the ap	of changing its registered pointment as registered	
SIGNATURE	Signature, typed or printed name of registered agen					d when re-risaling)	DATE	······································	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	CERS AN	ID DIRECTORS IN 12	
ÆNTLE	PD	☐ DELETE	1.1 TITLE					Change Addition	
NAME	MORAN, WILLIAM M. JR.			1.2 NAME				Ì	
STREET ADDRESS			1.3 STREE	1.3 STREET ADDRESS					
CITY-ST-ZIP	ST. LOUIS MO			1.4 C(1) Y - S1 - Z(P					
₩IILE	\$	DELETE 2.1		2.1 T()Lf				Change Addition	
NAME	Johnson, Teresa H	JOHNSON, TERESA H		2.2 NAME					
STREET ADDRESS			2.3 STREE	2.3 STREET ADDRESS					
CITY-ST-ZIP	EDEN PRAIRIE MN			ST-	- 71P				
TITLE	VC	DELETE	3.1 TITLE					Change Addition	
NAME	HIGGS, JOSEPH		3.2 NAME						
STREET ADDRESS	8474 DELPORT DRIVE		3.3 STR(E)		DDRESS				
CITY-ST-ZIP	ST LOUIS MO		3.4. CITY -	S1-	ZIP				
TITLE	V	<b>▼</b> DELETE	4.1 1011			V		Change XX Addition	
NAME	HARRIS, ISAIAH		4. 2 NAME			David L. Boehnen			
STREET ADDRESS	11840 VALLEY VIEW ROAD		4.3 \$1RFE	LAE	DDRESS	11840 Valley View Co	ad		
CITY-ST-ZIP	EDEN PRAIRIE MN		4.4 CITY -	<u>\$1-</u>		<u>Eden Prairie, MN 55</u>			
TITLE	D	DECE1E	5 1 TITLE					☐ Change ☐ Addition	
NAME	HEYING, GREGORY C		5.2 NAME						
STREET ADDRESS			53 STREE	5 3 STREET ADDRESS					
CITY-ST-ZIP			54 CITY-	54 CITY-ST-ZIP					
TITE	n ·	DELETE	6.1 100 F					Change Addition	

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 cath; that I am an officer or director of the corporation or the receiver or trusted 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:

STREET ADDRESS

CITY-ST-ZIP

ANDERSON, LAURENCE L 11840 VALLEY VIEW ROAD

**EDEN PRAIRIE MN** 

(1) (1) (1) Teresa H. Johnson, Secretary 4/15/97 612 828 4471