

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90059 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09904

1. Corporation Name
MORAN FOODS, INC.

Principal Place of Business 8474 DELPORT DRIVE ST. LOUIS MO 63114	Mailing Address P.O. BOX 990- TAX DEPT MINNEAPOLIS MN 55440 US
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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

3. Date Incorporated or Qualified 04/24/1986	
4. FEI Number 43-1283296	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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORAN, WILLIAM M. JR.	
STREET ADDRESS	8474 DELPORT DRIVE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BREEDLOVE, JOHN P.	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	HIGGS, JOSEPH	
STREET ADDRESS	8474 DELPORT DRIVE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOEHNEN, DAVID L	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEYING, GREGORY C	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	ERICKSON, KIM M.	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	

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	VP/S <input checked="" 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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VC/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wright, Michael W.
5.3 STREET ADDRESS	11840 Valley View Road
5.4 CITY-ST-ZIP	Eden Prairie, MN 55344
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 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, with all other like empowered.

SIGNATURE: John P. Breedlove DATE: 4/09/99 TIME: 612 828 4471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)