[redacted]OW: FILING FEE AFTER MAY 1 IS $225.00

[redacted]FIT
[redacted]ATION
[redacted]REPORT
1996

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

DOCUMENT # **P13444** **(5)**

Corporation Name
MARTHA WHITE FOODS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 58 NASHVILLE TN 37202	200 S. 6TH ST. MS 18X3 MINNEAPOLIS MN

3. Date Incorporated or Qualified: **03/03/1987** | 3a. Date of Last Report: **12/26/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: **13-3346700** ☐ 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

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 **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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JENKO, JEROME		1.2 NAME	
STREET ADDRESS	200 S. 6TH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RYAN, THOMAS		2.2 NAME	
STREET ADDRESS	200 S. 6TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402		2.4 CITY-ST-ZIP	
TITLE	CFO	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAILEY, V. ANN		3.2 NAME	
STREET ADDRESS	200 S. 6TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402		3.4 CITY-ST-ZIP	
TITLE	ASD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OLESON, STAN		4.2 NAME	
STREET ADDRESS	200 S. 6TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402		4.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, LESLIE R		5.2 NAME	
STREET ADDRESS	200 S. 6TH ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 _____ L. R. JOHNSON, ASST. TREAS. 3/29/96 612/330-4915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #