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May 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
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DOCUMENT # P13444

(5)

1. Corporation Name

MARTHA WHITE FOODS, INC.

Principal Place of Business

P.O. BOX 58  
NASHVILLE TN 37202

Mailing Address

200 S. 6TH ST. MS 18X3  
MINNEAPOLIS MN 55402-1403



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 Zip Country

29 Zip Country

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

FL

85 Zip Code

3. Date Incorporated or Qualified

03/03/1987

3a. Date of Last Report

04/16/1996

4. FCI 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

10. Name and Address of New Registered Agent

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 translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JENKO, JEROME  
STREET ADDRESS 200 S. 6TH ST.  
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE VD ☒ DELETE

NAME RYAN, THOMAS  
STREET ADDRESS 200 S. 6TH ST.  
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE CFO ☒ DELETE

NAME HAILEY, V. ANN  
STREET ADDRESS 200 S. 6TH ST.  
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE ASD ☐ DELETE

NAME OLESON, STAN  
STREET ADDRESS 200 S. 6TH ST.  
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE AT ☒ DELETE

NAME JOHNSON, LESLIE R  
STREET ADDRESS 200 S. 6TH ST.  
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AT / AS  
POPPELE, DONALD  
200 S. 6TH ST  
MINNEAPOLIS MN 55402

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 recorder of trust, 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:

4/30/97 612 330-4915

CR2E034 (9/96)