

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30398 (2)

1. Corporation Name

MANNA PRO CORPORATION

Principal Place of Business

7711 CARONDELET AVE.
STE. 800
CLAYTON MO 63105

Mailing Address

7711 CARONDELET AVE.
STE. 800
CLAYTON MO 63105-3313

3. Date Incorporated or Qualified

07/30/1990

3a. Date of Last Report

01/29/1996

4. FEI Number

95-3991180

Applied For

Not Applicable

2. Principal Place of Business

21 State, Apt. #, etc.

2a. Mailing Address

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

Signature (typed or printed name of registered agent, if different from applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, LAWRENCE R.	
STREET ADDRESS	18 FRONTENAC ESTATES	
CITY - ST - ZIP	ST. LOUIS MO	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MINARD, JOHN	
STREET ADDRESS	14780 DOVERSHIRE COURT	
CITY - ST - ZIP	CHESTERFIELD MO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MINARD, JOHN D	
STREET ADDRESS	14780 DOVERSHIRE CT	
CITY - ST - ZIP	CHESTERFIELD MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHANAHAN, JAMES	
STREET ADDRESS	11280 CHESTER RD	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORGAN, WILLIAM J	
STREET ADDRESS	4330 SHANEE MISSION PKWY	
CITY - ST - ZIP	ROELAND PKWY KS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, BARNHART	
STREET ADDRESS	4330 SHANEE MISSION PKWY	
CITY - ST - ZIP	RELAND PKWY KS	

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Minard V.P. Controller

1/20/97

314-746-1700

Daytime Phone #

0483184

CR2E034 (9/96)

FILED
Jan 28 1997 8:00am
Secretary of State