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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P34879

(7)

1. Corporation Name  
MCLANE FOODS, INC.

Principal Place of Business

4747 MCLANE PARKWAY  
TEMPLE, TX 76504  
US

Mailing Address

P.O. BOX 6115  
TEMPLE, TX 76503



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/26/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

86-0624477

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROSIER, WILLIAM G  
STREET ADDRESS 4747 MCLANE PKWY  
CITY-ST-ZIP TEMPLE TX

TITLE T  
NAME KOCH, KEVIN J  
STREET ADDRESS 4747 MCLANE PKWY  
CITY-ST-ZIP TEMPLE TX

TITLE VD  
NAME HARGER, R.D.  
STREET ADDRESS 4747 MCLANE PKWY  
CITY-ST-ZIP TEMPLE TX

TITLE AS  
NAME GRAVES, DONALD R.  
STREET ADDRESS 4747 MCLANE PKWY  
CITY-ST-ZIP TEMPLE TX

TITLE S  
NAME LEN MEWHINNEY  
STREET ADDRESS 4747 MCLANE PARKWAY  
CITY-ST-ZIP TEMPLE TX

TITLE AT  
NAME MANN, CAROLINE R  
STREET ADDRESS 4747 MCLANE PKWY  
CITY-ST-ZIP TEMPLE TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

Kevin J. Koch, Treasurer 4/22/97 (817) 771-7500

CR2E034 (9/96)