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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 844009

1. Corporation Name

TRANSFRESH CORPORATION

Principal Plac	ce of Business	Mailing Address		(IUDRIOR LOUIR DIDIN DION DONR DONR DRIE HERL DIA	DIN GIBEL BIBIK GIBIK BIBIK BIBIK KODI
607 BRUNKEN AVE.		607 BRUNKEN AVE.			
P.O. BOX 1788		P.O. BOX 1788			
SALINAS CA 93902 SALINA		SALINAS CA 93902		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified 03/29/1979	
2. Principal P	Place of Business	2a. Mailing Address		4. Fiel Number	Applied For
21		26		94-1620943	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		- Catterna of Chatas Basinal	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No ☐
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registers	ed Agent
CT	CORPORATION SYSTEM		81 Name		
	O S. PINE ISLAND ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
l					
PLA	NTATION FL 33324		83		
}			84 City		. 85 Z p Code
			OT ONLY	F	L S Z p code
				poration submits this statement for the purp ise	
oπice or r	registered agent, or both, in the Sta am familiar with, and accept the obl	te of Florida. Such change vias a	uthorized by the corporation	on's board of directors. I hereby accept the ap	pointment as registered
		dations of Section 607.050; Fig	noa statutes.		
}	,	gations of, Section 607.0500, Fig	nda Statutes,		
SIGNATURE	,	•	: Registered Agent signature require	ed when reinstrang) D ₁ .TE	
}	Signature, typed or print id name of registered . OFFICERS	gent and title if applicable. NOTE		ad when reinstrang) DiviTE ADE ITIONS/CHANGES TO OFFICERS	
SIGNATURE	Signature, typed or print id name of registered OFFICERS PD	igent and title if applicable. NOTE	: Registered Agent signature require		
SIGNATURE	Signature, typed or print id name of registered. OFFICERS PD LUGG, JAMES R	gent and title if applicable. NOTE	Registered Agent signaturi require		AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or print id name of registered OFFICERS PD LUGG, JAMES R 607 BRUNKEN AVE.	gent and title if applicable. NOTE	Registered Agent signature require 13. 1.1 TITLE		AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or print id name of registered of PD LUGG, JAMES R 607 BRUNKEN AVE. SALINAS CA	gent and title if applicable. NOTE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME		AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ALIDRESS	Signature, typed or print id name of registered OFFICERS PD LUGG, JAMES R 607 BRUNKEN AVE.	gent and title if applicable. NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES()		AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ALIDRESS CITY-ST-2 P	Signature, typed or print id name of registered of PD LUGG, JAMES R 607 BRUNKEN AVE. SALINAS CA	igent and title if applicable. NOTE AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		AND DIREC FORS IN 12 ☐ Chançe ☐ Addition
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14. I hereby certify that the information supplied vith his 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 suppliered is a final ender 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 adjacent of the corporation of the cor

6.3 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

STREET ADI RESS

CITY-ST-ZIF

SIGNATURE AND TYPED CR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90083 028 ***150.00