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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J04605 (8)

1. Corporation Name
SUPERIOR ALMONDS IV, INC.

Principal Place of Business Mailing Address
P.O. BOX 521238 P.O. BOX 521238
SALT LAKE CITY UT 84152-1238 SALT LAKE CITY UT 84152



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 25 29 30

9. Name and Address of Current Registered Agent

PETROSKI, BARBARA J
100 W LUCERNE CIRCLE
SUITE 504
ORLANDO FL 32801

3. Date Incorporated or Qualified

03/17/1986

3a. Date of Last Report

01/30/1996

4. FEI Number

59-2650393

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

81 Name

Erich Hyemer

82 Street Address (P.O. Box Number is Not Acceptable)

7400 International Drive

83

84 City

Orlando

FL

85 Zip Code

32819

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

1/10/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HAMILTON, FINLEY
STREET ADDRESS 2120 SOUTH 1300 EAST, #101
CITY-ST-ZIP SALT LAKE CITY UT 84108

TITLE PD ☐ DELETE

NAME PETERSON, MARILYN
STREET ADDRESS 2120 SOUTH 1300 EAST, #101
CITY-ST-ZIP SALT LAKE CITY UT 84108

TITLE S ☐ DELETE

NAME TOBLER, JENNIFER
STREET ADDRESS 2120 SOUTH 1300 EAST, #101
CITY-ST-ZIP SALT LAKE CITY UT 84108

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

3069 E. Carrigan Canyon Dr
Salt Lake City, Utah 84109

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3069 E. Carrigan Canyon Dr
Salt Lake City, Utah 84109

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3069 E. Carrigan Canyon Dr
Salt Lake City, Utah 84109

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

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

1/6/97

Date

801-487-4048

Daytime Phone #

CR2E034 (9/96)