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May 06 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 # P06472

(5)

1. Corporation Name

SUNNY FRESH FOODS, INC.

Principal Place of Business

15407 MCGINTY ROAD
WAYZATA MN 55391
US

Mailing Address

P.O. BOX 5626 MS 26
MINNEAPOLIS MN 55440-5626
US



3. Date Incorporated or Qualified

06/19/1985

3a. Date of Last Report

04/12/1996

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

4. FEI Number

41-1518244

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, JERRY R.	1.2 NAME	
STREET ADDRESS	208 W. 4TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MONTICELLO MN	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUYRE, JAMES A.	2.2 NAME	
STREET ADDRESS	15615 MCGINTY ROAD WEST	2.3 STREET ADDRESS	
CITY - ST - ZIP	WAYZATA MN	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, BRUCE H	3.2 NAME	
STREET ADDRESS	15407 MCGINTY ROAD WEST	3.3 STREET ADDRESS	
CITY - ST - ZIP	WAYZATA MN	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH JEANNE Y.	4.2 NAME	
STREET ADDRESS	15615 MCGINTY ROAD WEST	4.3 STREET ADDRESS	
CITY - ST - ZIP	WAYZATA MN	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEAZEY, WILLIAM W.	5.2 NAME	
STREET ADDRESS	15615 MCGINTY ROAD WEST	5.3 STREET ADDRESS	
CITY - ST - ZIP	WAYZATA MN	5.4 CITY - ST - ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, ANNE E.	6.2 NAME	
STREET ADDRESS	15615 MCGINTY ROAD, WEST	6.3 STREET ADDRESS	
CITY - ST - ZIP	WAYZATA MN	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:

Bruce H. Barnett

BRUCE H. BARNETT

4-24-97

612-742-6406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)