

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

FILED
Jun 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **844009**

(1)

1. Corporation Name

TRANSFRESH CORPORATION



Principal Place of Business

**607 BRUNKEN AVE.
P.O. BOX 1788
SALINAS CA 93902**

Mailing Address

**607 BRUNKEN AVE.
P.O. BOX 1788
SALINAS CA 93902-1788**

3. Date Incorporated or Qualified

08/29/1979

3a. Date of Last Report

05/22/1996

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

94-1620943

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	☐ DELETE
NAME	LUGG, JAMES R	
STREET ADDRESS	607 BRUNKEN AVE.	
CITY-ST-ZIP	SALINAS CA	

TITLE	VD	☐ DELETE
NAME	TAYLOR, STEVE	
STREET ADDRESS	607 BRUNKEN AVE.	
CITY-ST-ZIP	SALINAS CA	

TITLE	T	☐ DELETE
NAME	COOK, JEFF	
STREET ADDRESS	607 BRUNHAM AVE	
CITY-ST-ZIP	SALINAS CA	

TITLE	S	☒ DELETE
NAME	ARMSTRONG, JOHN	
STREET ADDRESS	607 BRUNKEN AVE.	
CITY-ST-ZIP	SALINAS CA	

TITLE	D	☐ DELETE
NAME	MCLAUGHLIN, BRIAN	
STREET ADDRESS	607 BRUNKEN AVE.	
CITY-ST-ZIP	SALINAS CA	

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	

2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	TAYLOR, STEVE
2.4 CITY-ST-ZIP	607 BRUNKEN AVE. SALINAS, CA

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

4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	MELTON, ART
4.4 CITY-ST-ZIP	607 BRUNKEN AVE. SALINAS, CA

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.

CR2E034 (9/96)