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

Mailing Address

EDINA MN 55436

5101 VERNON AVENUE SOUTH

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 854829 1. Corporation Name

Principal Place of Business

5101 VERNON AVENUE SOUTH

EDINA MN 55436

JERRY'S FOODS, INCORPORATED

Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90009 004 ***550.00



DO NOT WRITE IN THIS SPACE

					50 1101 1111111111		
					3. Date Incorporated or Qualifed 12/01/1982		
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21		26			41-0834686	No	ot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	,	Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cor	intry	8. This corporation owes the current year Inta		_
24	25	29	30		Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curre	nt Registered Agent		<u> </u>	10. Name and Address of New Registered	\gent	<u> </u>
DEN	JUAN DOIAN			81 Name			
BENHAM, BRIAN				82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
1700 PERWINKLE WAY							
SAN	NIBEL FL 33957			83			
				84 City		85 Zip	Code
					FL	11	
11. Pursuan	t to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	itutes, the a	bove-named cor	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin	changing its	registered
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga	e of Florida. Such change wa ations of, Section 607.0505.	s authonzeo Florida Stat	d by the corporati utes.	ion's board of directors. I hereby accept the appoin	milent as re	gistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (N	OTE: Registered	Agent signature requir			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PC	☐ DELETE	1.1 T	πε		Change	Addition
NAME	PAULSEN, GERALD A.		1.2 N	AME			
STREET ADDRES	s 6528 CHEROKEE TRAIL		1.3 S	TREET ADDRESS			
CITY-ST-ZIP	EDINA MN		1.4 C	ITY-ST-ZIP			
TITLE	VP	DELETE	2.1 TI	TLE		Change	☐ Addition
NAME	GERDES, DAVID		2.2 N	AME			
STREET ADDRES	TAT MINISTRACOC DONG		2.3 S	TREET ADDRESS			
CITY-ST-ZIP	PLYMOUTH MN		2.40	CITY-ST-ZIP			
TITLE	VP	☐ DELETE				☐ Change	☐ Addition
NAME	DIXON, KENT D.		3.2 N	AME			
STREET ADDRES	400 OLOUED LAUE		3.3 S	TREET ADDRESS			
CITY-ST-ZIP	DELAND MN			CITY-ST-ZIP			_
TITLE	V	DELETE				☐ Change	Addition
NAME	GERMAIN ST.,GEORGE		4.21				
STREET ADDRES	40 FOUR DELLWOOD		4.3 S	TREET ADDRESS			
CITY-ST-ZIP	WHITE BEAR LAKE MN			ITY-ST-ZIP			
TITLE	V	DELETE				Change	Addition
NAME	SHADDUCK, ROBERT		5.2 N	i			
STREET ADDRES	O		5.3 \$	TREET ADDRESS			
	ANNANDALE MN			ITY-ST-ZIP			
CITY-ST-ZIP	CANALITY THE	□ DELETE				Change	Addition
		المالية المالية	6.2 N				_
NAME				TREET ADDRESS			
STREET ADDRES	s)						
OUT / OT TIC	T .		■ 6.4 C	ITY-ST-ZIP			

14. I 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 suppliemental 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, with all other like empowered.

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