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1996 JUN -6 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000001401 (9)**
1. Corporation Name
DRISCOLL STRAWBERRY ASSOCIATES, INC.



Principal Place of Business: P.O. BOX 50045 WATSONVILLE CA
Mailing Address: P.O. BOX 50045 WATSONVILLE CA

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 03/22/1993
3a. Date of Last Report: 06/14/1995
4. FEI Number: 94-1237296
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
**HOSIER, GARY
12885 US HIGHWAY 92 EAST
DOVER FL 33527**

10. Name and Address of New Registered Agent
81 Name: **C T CORPORATION SYSTEM**
82 Street Address (P.O. Box Number is Not Acceptable): **1200 SOUTH PINE ISLAND ROAD**
83
84 City: **PLANTATION** FL 85 Zip Code: **33324**

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.
Naseem A. Conde
SIGNATURE: *Naseem A. Conde* NASEEM A. CONDE SPECIAL ASST. SECRETARY
DATE: 6-5-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MORENA, KENNETH	
STREET ADDRESS	345 WESTRIDGE DRIVE	
CITY-ST-ZIP	WATSONVILLE CA 95077	
TITLE	CVPD	<input type="checkbox"/> DELETE
NAME	REITER, J M	
STREET ADDRESS	345 WESTRIDGE DRIVE	
CITY-ST-ZIP	WATSONVILLE CA 95077	
TITLE	DR	<input type="checkbox"/> DELETE
NAME	DRISCOLL, THOMAS	
STREET ADDRESS	345 WESTRIDGE DRIVE	
CITY-ST-ZIP	WATSONVILLE CA 95077	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FLORY, WILLIAM	
STREET ADDRESS	345 WESTRIDGE DRIVE	
CITY-ST-ZIP	WATSONVILLE CA 95077	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYLES, CHARLES	
STREET ADDRESS	345 WESTRIDGE DRIVE	
CITY-ST-ZIP	WATSONVILLE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARNEY, HENRY	
STREET ADDRESS	345 WESTRIDGE DRIVE	
CITY-ST-ZIP	WATSONVILLE CA 95077	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LaGrandeur, John	
1.3 STREET ADDRESS	345 Westridge Drive	
1.4 CITY-ST-ZIP	Watsonville, CA 95076	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Reiter, Garland	
2.3 STREET ADDRESS	345 Westridge Drive	
2.4 CITY-ST-ZIP	Watsonville, CA 95076	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Uyematsu, Richard	
3.3 STREET ADDRESS	345 Westridge Drive	
3.4 CITY-ST-ZIP	Watsonville, CA 95076	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Miller, Clint	
4.3 STREET ADDRESS	345 Westridge Drive	
4.4 CITY-ST-ZIP	Watsonville, CA 95076	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Kenneth B. Morena* Kenneth B. Morena (408)761-5301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)