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Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90008 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000001401

1. Corporation Name
DRISCOLL STRAWBERRY ASSOCIATES, INC.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/22/1993

4. FEI Number **94-1237296** 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 owes the current year Intangible Personal Property Tax. Yes No

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
C T CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" 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	SD <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	S <input type="checkbox"/> DELETE
NAME	MILLER, CLINTON
STREET ADDRESS	345 WESTRIDGE DRIVE
CITY-ST-ZIP	WATSONVILLE CA 95077

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	L. Gary Gionnette
1.3 STREET ADDRESS	345 Westridge Drive
1.4 CITY-ST-ZIP	Watsonville, CA 95076
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **LAGRANDEUR CFO 2/2/99** Date **831 763-5100** Daytime Phone #

CR2E034 (1/198)