FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 21 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002894 (3)**

1. Corporation Name

WILSEY FOODS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3636 CITY OF INDUSTRY CA 91744	P.O. BOX 3636 CITY OF INDUSTRY CA 91744

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/02/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **95-4235009** ☐ 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 RD.
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	PDCE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JACK J	1.2 NAME	
STREET ADDRESS	14840 E. DON JULIAN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CITY OF INDUSTRY CA 91746	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	RIESKE, GORDON K	2.2 NAME	
STREET ADDRESS	14840 E. DON JULIAN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CITY OF INDUSTRY CA 91746	2.4 CITY-ST-ZIP	
TITLE	STC	3.1 TITLE	☐ Change ☐ Addition
NAME	SUZUKI, YASUYUKI	3.2 NAME	
STREET ADDRESS	14840 E. DON JULIAN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CITY OF INDUSTRY CA 91746	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, CRAIG	4.2 NAME	
STREET ADDRESS	14840 E. DON JULIAN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CITY OF INDUSTRY CA 91746	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	WADDEL, JAN	5.2 NAME	
STREET ADDRESS	14840 E. DON JULIAN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CITY OF INDUSTRY CA 91746	5.4 CITY-ST-ZIP	
TITLE	C	6.1 TITLE	☐ Change ☐ Addition
NAME	OHNUKI, NORIO	6.2 NAME	
STREET ADDRESS	14840 E. DON JULIAN RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CITY OF INDUSTRY CA 91746	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)(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: Gordon Rieske GORDON K RIESKE 3-17-95 (818)336 4527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0491650 FP