

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 21 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002999 (0)

1. Corporation Name

FRESH AMERICA CORP.

Principal Place of Business

**12450 CUTTEN ROAD
HOUSTON TX 77066**

Mailing Address

**12450 CUTTEN ROAD
HOUSTON TX 77066**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/08/1994

3a. Date of Last Report

4. FEI Number

76-0281274

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 re-designing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CSD
NAME	SHEINFELD, DAVID
STREET ADDRESS	12450 CUTTEN ROAD
CITY - ST - ZIP	HOUSTON TX
TITLE	P
NAME	GRINSTEAD, STEVE
STREET ADDRESS	12450 CUTTEN ROAD
CITY - ST - ZIP	HOUSTON TX
TITLE	V
NAME	RIEKE, MARC
STREET ADDRESS	12450 CUTTEN ROAD
CITY - ST - ZIP	HOUSTON TX
TITLE	D
NAME	HUBBARD, THOMAS
STREET ADDRESS	12450 CUTTEN ROAD
CITY - ST - ZIP	HOUSTON TX
TITLE	D
NAME	MORRIS, BEN
STREET ADDRESS	12450 CUTTEN ROAD
CITY - ST - ZIP	HOUSTON TX
TITLE	D
NAME	STEIN, SHELDON
STREET ADDRESS	12450 CUTTEN ROAD
CITY - ST - ZIP	HOUSTON TX

1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
1.2 NAME	COLON WASHBURN	
1.3 STREET ADDRESS	12450 CUTTEN RD.	
1.4 CITY - ST - ZIP	HOUSTON, TX 77066	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC K. RIEKE Vice President

Date

(713) 444-8596