


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

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Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90038 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002999**

1. Corporation Name  
**FRESH AMERICA CORP.**

Principal Place of Business <b>6600 LBJ FRWY SUITE 180 DALLAS TX 75240 US</b>	Mailing Address <b>12450 CUTTEN ROAD HOUSTON TX 77066 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/08/1994</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>76-0281274</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEINFELD, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>6600 LBJ FRWY, STE 180</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75240</b>	1.4 CITY-ST-ZIP	
TITLE	PCED <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRINSTEAD, STEVE</b>	2.2 NAME	
STREET ADDRESS	<b>6600 LBJ FRWY, STE 280</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75240</b>	2.4 CITY-ST-ZIP	
TITLE	EVCD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KIEHNLE, ROBERT C</b>	3.2 NAME	<b>John Gray</b>
STREET ADDRESS	<b>6600 LBJ FRWY, STE 280</b>	3.3 STREET ADDRESS	<b>6600 LBJ Frwy #280</b>
CITY-ST-ZIP	<b>DALLAS TX 75240</b>	3.4 CITY-ST-ZIP	<b>DALLAS TX 75240</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUBBARD, THOMAS M</b>	4.2 NAME	<b>ROGER HUNTINGTON</b>
STREET ADDRESS	<b>25826 HALTON ROAD</b>	4.3 STREET ADDRESS	<b>12450 CUTTEN RD</b>
CITY-ST-ZIP	<b>CARMEL CA 93923</b>	4.4 CITY-ST-ZIP	<b>HOUSTON TX 77066</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN, SHELDON I</b>	5.2 NAME	
STREET ADDRESS	<b>300 CRESENT COURT, SUITE 200</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WASHBURN, COLON</b>	6.2 NAME	
STREET ADDRESS	<b>BEAU TERRE OFFICE PARK, SUITE 202</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BENTONVILLE AK 72712</b>	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

1/4/99 (281) 444-8594  
Date Daytime Phone #

CR2E034 (11/98)