

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90034 032 \*\*\*150.00

DOCUMENT # F95000000503

1. Corporation Name  
TAYLOR FRESH FOODS, INC.

Principal Place of Business  
360 US HWY. 27 NORTH  
SOUTH BAY FL 33493  
19

Mailing Address  
P.O. BOX 1649  
SALINAS CA 93902



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/30/1995

4. FEI Number  
93-1155159

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution 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 P.O. BOX 2119

22 City & State

27 Suite, Apt. #, etc.  
28 SALINAS, CA

23 Zip Country

29 93902 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPAMERICA, INC.  
1525 SOUTH ANDREWS AVE. SUITE 216  
FORT LAUDERDALE FL 33316

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 DP  
NAME TAYLOR, BRUCE C  
STREET ADDRESS 8 LOS LAURELES AVE.  
CITY-ST-ZIP SALINAS CA 93901

1.1 TITLE D/V  
1.2 NAME VETTER, WILLIAM  
1.3 STREET ADDRESS 360 US HWY, 27 NORTH  
1.4 CITY-ST-ZIP SOUTH BAY, FL 33493

TITLE V  
NAME VETTER, BILL  
STREET ADDRESS 360 US HWY. 27 NORTH  
CITY-ST-ZIP SOUTH BAY FL 33493

2.1 TITLE D/S  
2.2 NAME NOELL, CHARLES  
2.3 STREET ADDRESS P.O. BOX 1649 N/A  
2.4 CITY-ST-ZIP SALINAS, CA 93902

TITLE T  
NAME BRYAN, TOM  
STREET ADDRESS P.O. BOX 1649 N/A  
CITY-ST-ZIP SALINAS FL 93902

3.1 TITLE D  
3.2 NAME BEASLEY, JOHN  
3.3 STREET ADDRESS P.O. BOX 1649 N/A  
3.4 CITY-ST-ZIP SALINAS, CA 93902

TITLE S  
NAME NOELL, CHARLES  
STREET ADDRESS P.O. BOX 1649 N/A  
CITY-ST-ZIP SALINAS FL 93902

4.1 TITLE D  
4.2 NAME ROMANS, THOMAS  
4.3 STREET ADDRESS P.O. BOX 1649 N/A  
4.4 CITY-ST-ZIP SALINAS, CA 93902

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE D  
5.2 NAME PURA, STAN  
5.3 STREET ADDRESS P.O. BOX 1649 N/A  
5.4 CITY-ST-ZIP SALINAS, CA 93902

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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:

*Thomas M. Bryan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0560089