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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:49

DOCUMENT # **H98144** **(9)**

1. Corporation Name
SUPERIOR ALMONDS II, INC.

Principal Place of Business
EAGLE GATE TOWER #1200
60 E SOUTH TEMPLE
SALT LAKE CITY UT 84111

Mailing Address
EAGLE GATE TOWER #1200
60 E SOUTH TEMPLE
SALT LAKE CITY UT 84111

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/06/1986**
3a. Date of Last Report: **03/23/1994**

2. Principal Place of Business
21: 2120 South 1300 East
22 Suite, Apt. #, etc.: Suite 101
23 City & State:
24 Zip: 84106 25 Country: USA

2a. Mailing Address
26: 2120 South 1300 East
27 Suite, Apt. #, etc.: Suite 101
28 City & State:
29 Zip: 84106 30 Country: USA

4. FEI Number: **59-2633508** ☐ 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

MEYERS, JUDITH W
100 W LUCERNE CIR
SUITE 504
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Barbara J. Petroski
82 Street Address (P.O. Box Number is Not Acceptable): 100 W. Lucerne Cir.
83: Suite 504
84 City: Orlando FL 85 Zip Code: 32801

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: Barbara Petroski 4/3/95
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	D	11 TITLE		☒ Change ☐ Addition
NAME	HAMILTON, FINLEY M.	12 NAME		
STREET ADDRESS	60 E SOUTH TEMPLE #1200	13 STREET ADDRESS	2120 South 1300 East, #101	
CITY-ST-ZIP	SALT LAKE CITY UT	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	PETERSON, MARILYN H	22 NAME		
STREET ADDRESS	60 E SOUTH TEMPLE #1200	23 STREET ADDRESS	2120 South 1300 East, #101	
CITY-ST-ZIP	SALT LAKE CITY UT	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☒ Change ☐ Addition
NAME	TOBLER, JENNIFER	32 NAME		
STREET ADDRESS	60 E S TEMPLE STE 1200	33 STREET ADDRESS	2120 South 1300 East, #101	
CITY-ST-ZIP	SALT LAKE CITY UT	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	HAMILTON, JIM	42 NAME		
STREET ADDRESS	60 E S TEMPLE STE 1200	43 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	RANKIN, DONNA	52 NAME		
STREET ADDRESS	60 E SO TEMPLE , STE 1200	53 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	RANKIN, RUSSELL	62 NAME		
STREET ADDRESS	60 E SO TEMPLE, STE 1200	63 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT	64 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: Jennifer Tobler, Jennifer Tobler, Sec. 3/22/95 801-487-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0383001 CP