

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # P01646

(9)

1. Corporation Name

BAR-S FOODS CO.

Principal Place of Business

4041 N CENTRAL AVENUE, SUITE 1300
P.O. BOX 28049
PHOENIX AZ 85012

Mailing Address

4041 N CENTRAL AVENUE, SUITE 1300
P.O. BOX 28049
PHOENIX AZ 85012-3313

3. Date Incorporated or Qualified

04/17/1984

3a. Date of Last Report

05/01/1996

4. FEI Number

86-0409987

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

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
DAY, TIMOTHY T.
5913 N. LA COLINA
PARADISE VALLEY AZ

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
KINNE, MORRIS Y.
PO BOX 700 N/A
TETON VILLAGE WY

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DV
SIRRIDGE, JOHN B.
6722 E. FANFOL DRIVE
PARADISE VALLEY AZ

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
STINN, KEN J.
2418 SUNSET DRIVE
CLINTON OK

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VDS
UHL, ROBERT W.
8534 N. 16TH PLACE
PHOENIX AZ

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
WEINMAN, THOMAS F.
11802 N. 60TH STREET
SCOTTSDALE AZ

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

V = Vice President

DV = Director, Vice President

14. I do 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.

SIGNATURE:

Jim Kuykendall

(602)264-7272

CR2E034 (9/96)