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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90169 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P06472

1. Corporation Name  
**SUNNY FRESH FOODS, INC.**

Principal Place of Business  
 15407 MCGINTY ROAD  
 WAYZATA MN 55391  
 US

Mailing Address  
 P.O. BOX 5626 MS 26  
 MINNEAPOLIS MN 55440-5626  
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/19/1985**

4. FEI Number  
**41-1518244** 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 owes the current year Intangible Personal Property Tax.  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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSE, JERRY R.	
STREET ADDRESS	206 W. 4TH ST.	
CITY-ST-ZIP	MONTICELLO MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GUYRE, JAMES A.	
STREET ADDRESS	15615 MCGINTY ROAD WEST	
CITY-ST-ZIP	WAYZATA MN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BARNETT, BRUCE H	
STREET ADDRESS	15407 MCGINTY ROAD WEST	
CITY-ST-ZIP	WAYZATA MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH JEANNE Y.	
STREET ADDRESS	15615 MCGINTY ROAD WEST	
CITY-ST-ZIP	WAYZATA MN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VEAZEY, WILLIAM W.	
STREET ADDRESS	15615 MCGINTY ROAD WEST	
CITY-ST-ZIP	WAYZATA MN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CARLSON, ANNE E.	
STREET ADDRESS	15615 MCGINTY ROAD, WEST	
CITY-ST-ZIP	WAYZATA MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AS
3.3 STREET ADDRESS	Patrice H. Halbach
3.4 CITY-ST-ZIP	15407 McGinty Rd. Wayzata, MN 55391
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Patrice H. Halbach* RE Patrice H. Halbach 4/29/99 612-742-6406  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)