

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 FEB 21 AM 11:34

DOCUMENT # **P34428** (3)

1. Corporation Name
FRESH 1 MARKETING, INC.

Principal Place of Business

Mailing Address

ATTN: HEIDI HOSMER/LEGAL
8100 MITCHELLE ROAD STE 200
EDEN PRAIRIE MN 55344

ATTN: HEIDI HOSMER/LEGAL
8100 MITCHELLE ROAD STE 200
EDEN PRAIRIE MN 55344

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/18/1991** 3a. Date of Last Report **05/24/1994**

4. FEI Number **41-1694669** 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

2a. Mailing Address

21 **ATTN: LEGAL DEPT.**
Suite, Apt. #, etc. **8100 MITCHELL RD. STE. 200**

26 **ATTN: LEGAL DEPT.**
Suite, Apt. #, etc. **8100 MITCHELL RD. STE. 200**

22 City & State **EDEN PRAIRIE, MN**

27 City & State **EDEN PRAIRIE, MN**

24 Zip **55344** 25 Country **U.S.A.**

29 Zip **55344** 30 Country **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 Separation required when resigning)

DATE:

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BAKER, LOOE, III
STREET ADDRESS	8100 MITCHELL ROAD #200
CITY - ST - ZIP	EDEN PRAIRIE MN
TITLE	VD
NAME	REMPE, MICHAEL
STREET ADDRESS	8100 MITCHELL ROAD #200
CITY - ST - ZIP	EDEN PRAIRIE MN
TITLE	D
NAME	GOVEN, GREG
STREET ADDRESS	8100 MITCHELL ROAD #200
CITY - ST - ZIP	EDEN PRAIRIE MN
TITLE	DST
NAME	HANSON, DALE S.
STREET ADDRESS	8100 MITCHELL ROAD #200
CITY - ST - ZIP	EDEN PRAIRIE MN
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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)(b), 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 individually, 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 or both of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dale S. Hanson, Secretary/Treasurer

2/02/95

(612) 937-8500