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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90007 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P34428**

1. Corporation Name
FRESH 1 MARKETING, INC.

Principal Place of Business Mailing Address
ATTN: LEGAL DEPT **ATTN: LEGAL DEPT**
8100 MITCHELLE ROAD STE 200 **8100 MITCHELLE ROAD STE 200**
EDEN PRAIRIE MN 55344 **EDEN PRAIRIE MN 55344**
US **US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/18/1991

4. FEI Number Applied For
41-1694669 Not Applicable

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

6. Election Campaign Financing **\$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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, LOOE, III	1.2 NAME	
STREET ADDRESS	8100 MITCHELL ROAD #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMPE, MICHAEL	2.2 NAME	Rempe, Michael
STREET ADDRESS	8100 MITCHELL ROAD #200	2.3 STREET ADDRESS	8100 Mitchell Road, #200
CITY-ST-ZIP	EDEN PRAIRIE MN	2.4 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOVEN, GREG	3.2 NAME	
STREET ADDRESS	8100 MITCHELL ROAD #200	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN	3.4 CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSON, DALE S.	4.2 NAME	Wiehoff, John P.
STREET ADDRESS	8100 MITCHELL ROAD #200	4.3 STREET ADDRESS	8100 Mitchell Road, #200
CITY-ST-ZIP	EDEN PRAIRIE MN	4.4 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEASON, OWEN P	5.2 NAME	Gleason, Owen P.
STREET ADDRESS	8100 MITCHELL RD., #200	5.3 STREET ADDRESS	8100 Mitchell Road, #200
CITY-ST-ZIP	EDEN PRAIRIE MN	5.4 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **SIGNATURE REQUIRED** Owen P. Gleason 4/26/99 (612) 937-8500
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (1/98)