## 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

DOCUMENT # P39077

(3)

AIR FRESH TRUCKING, INC.

| FILED  |        |          |  |  |  |  |  |  |  |
|--------|--------|----------|--|--|--|--|--|--|--|
| Jun 25 | 1997   | 8:00am   |  |  |  |  |  |  |  |
| Secre  | tary c | of State |  |  |  |  |  |  |  |

A CRANCER PARA NINA CRINI RANCO (ERRY LA DE REDU ANDIO ALBIER ACRAN ACRAN RESENTANTA

| Principal Place of Business Mailing Address 2351 POWELL ST. POST OFFICE BOX 3532 SUITE 500 SAN FRANCISCO CA 94119 US US |   | <del> </del>   |  |                                     | 3. Date Incorporated or Qualified 3a. Date of Last Report |   |                           |                          |                                |
|---|---|--|--|-------------------------------------|---|---|---------------------------|--------------------------|--------------------------------|
| uo  |   |  |  |                                     |   | <ol> <li>Date Incorporated or Qualified<br/>05/27/1992</li> </ol>                     |                           | ate of Last  <br>11/1996 | нероп                          |
| <b>├</b> ──   |   | 2a. Mailing Address  | , Mailing Address                        |                                     | 4. FE! Number   |   | A                         | pplied for               |                                |
| Sulte, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  | 94-1666420                          | \$9.75 Additional   |   |                           |                          |                                |
| 22  |   | 27   | h  |                                     | 5. Certificate of Status Desired Fee Requ                 |   |                           |                          |                                |
| City & State  |   | City & State   |  |                                     | 6. Election Campaign Financing                            | <b>\$5.00</b> May Be  |                           |                          |                                |
| 23  |   | 28   |  |                                     |   | Trust Fund Contribution   |                           |                          | I to Fees                      |
| Zip<br>24   | Country 25  | 7ip 3  | Country                                  | y                                   |   | B. This corporation has hability for it     Florida Statutes                          | ntangible<br>Yes          |                          | s. 199.032,                    |
| 24  | 9. Name and Address of Curre  |  | 1  |                                     |   | 10. Name and Address of New Re  | <u> </u>                  | · · · · ——— -            |                                |
| CT  | CORPORATION SYSTEM  |  | 81                                       |                                     | Name  |   |                           |                          |                                |
|   | 00 SOUTH PINE ISLAND RD.  |  | 82                                       | $\perp$                             | Street Ad   | dress (P.O. Box Number is Not Acceptab  | le)                       | ·· <del>-</del>          |                                |
| PLA   | INTATION FL 33324   |  |  | l.,                                 |   |   | <i>.</i>                  |                          |                                |
|   |   |  | 83                                       | 1                                   |   |   |                           |                          |                                |
|   |   |  | 84                                       | T                                   | City  |   | FL                        | <b>85</b> Zip            | Code                           |
| office of<br>agent, f   | r registered agent, or both, in the Stat<br>am familiar with, and accept the obli   | e of Florida. Such change was au   | thorized by                              | y tl                                | named co<br>he corpora                                    | rporation submits this statement for the pation's board of directors. I hereby accept | urpose of                 | changing<br>ointment as  | its registered<br>s registered |
| SIGNATURE   | Signature, typed or printed name of registered a  |  | Registered Age                           | unl                                 | signature req   | uired when reinstaing)  | DATE                      |                          |                                |
| 12.   |   | ND DIRECTORS   | 13.                                      |                                     |   | ADDITIONS/CHANGES TO OFFIC  | ERS AND                   |                          |                                |
| TITLE   | WILSEY, MICHAEL W.  | DC DELETE 1.1  |  |                                     | - 1   |   |                           | L Change                 | [] Addition                    |
| AARA DOMELL OF  |   |  | 1.2 NAME                                 | T A F                               | procee  |   |                           |                          |                                |
| STREET ADDRESS<br>CITY-ST-ZIP   | CAN FOANGIOOD OA  |  | 1.3 STREET ADDRESS<br>1.4 CITY - ST- ZIP |                                     |   |   |                           |                          |                                |
| TITLE   | E DS DELETE 21 AE ANDERSON, WILLIAM R. 22 EET ADDRESS 2351 POWELL ST. 23  |  | 2 1 TITLE                                |                                     |   |   |                           | Change                   | Addition                       |
| NAME  |   |  | 22 NAME                                  | 22 NAME                             |   |   |                           |                          |                                |
| STREET ADDRESS  |   |  | 2 3 STHEET ADDRESS                       |                                     | DDRESS  |   |                           |                          |                                |
| CITY-ST-ZIP   | SAN FRANCISCO CA  | SAN FRANCISCO CA 2 41  |  | S1-                                 | - 7IP   |   |                           | <del> </del>             | ·                              |
| TITLE   | l a   | ☐ DELFTE   | 3.1 TITLE                                |                                     |   |   |                           | L Change                 | Addition                       |
| NAME  | PETTY, JERRY<br>8   423 LAMBERT STREET  |  | 3.2 NAME                                 |                                     |   |   |                           |                          |                                |
| STREET ADDRESS  | EL RIO CA   |  |  | 3.3 STREET ADDRESS  3.4. CHY-ST-ZIP |   |   |                           |                          |                                |
| CITY-ST-ZIP<br>TITLE  | ASD   | ☐ DELE1E   | 4.1 TITLE                                | 51-                                 | ZIF   |   |                           | Change                   | Addition                       |
| NAME  | CARRIGAN, DALE K.   |  |  |                                     |   |   |                           |                          |                                |
| STREET ADDRESS  | OOR4 DOWELL OT  |  | 4.3 STREET ADDRESS                       |                                     | DDRESS  |   |                           |                          |                                |
| CITY-ST-ZIP   | SAN FRANCISCO CA  |  | 4.4 CHY-S                                |                                     | 1   |   |                           |                          |                                |
| TITLE   | Ţ   | DELETE   | 5.1 THILE                                |                                     |   |   |                           | Change                   | Addition                       |
| NAME  |   |  | 5.2 NAME                                 | 5.2 NAME                            |   |   |                           |                          |                                |
| STREET ADDRESS  | 423 LAMBERT ST.   |  | 5.3 STREET                               | I AD                                | OURESS  |   |                           |                          |                                |
| CITY-ST-ZIP   | EL RIO CA   | Drufft   | 5.4 CITY - S                             | ST-                                 | 7IP   |   | ···                       | Change                   | A statistic =                  |
| TITLE   |   | ☐ DELETE   | 61 TITLE                                 |                                     | İ   |   |                           | Change                   | ☐ Addition                     |
| NAME<br>CENTER ADDRESS  |   |  | 6.5 NAME                                 |                                     | aparee  |   |                           |                          |                                |
| STREET ADORESS  | `   |  | 6.3 STREET<br>6.4 CITY - S               |                                     |   |   |                           |                          |                                |
| CITY-ST-ZIP<br>14. I do her   | eby certify that the information suppli   | ed with this filing does not qualify   | for the ave                              | 202                                 | ntion state   | ed in Section 119.07(3)(i), Florida Statute   | s I furthe                | certify tha              | I the                          |
| informat<br>I am an<br>appears  | tion indicated on this annual report or<br>officer or director of the corporation of<br>s in Block 12 or Block 13 A charges | supplemental annual report is tru<br>or the receiver or trustee empower<br>or on an attachment with an addre | e and accu<br>red to exec<br>∋ss.        | ura                                 | ale and the<br>to this repe                               | at my signature shall have the same lega<br>orl as required by Chapter 607, Florida S | l effect as<br>tatutes; e | if made ur<br>nd that my | nder oath; that<br>name        |

1) Seek CARRIGAN 6-18-97 (415)391-4150