FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000001178 (9)**

1. Corporation Name

FRESHCO, INC.

Principal Place of Business	Mailing Address
FT. PIERCE FARMER'S MARKET 3479 S. FEDERAL HWY., UNIT 15 FT. PIERCE FL 34982	FT. PIERCE FARMER'S MARKET 3479 S. FEDERAL HWY., UNIT 15 FT. PIERCE FL 34982

3. Date Incorporated or Qualified: 01/05/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 3503 South US HWy #1
Suite, Apt. #, etc.
22: Unit #15
City & State
23: Ft. Pierce, FL
Zip
24: 34982
Country
25: USA

2a. Mailing Address
26: 3503 South US Hwy #1
Suite, Apt. #, etc.
27: Unit #15
City & State
28: Ft. Pierce, FL
Zip
29: 34982
Country
30: USA

4. FEI Number: 65-0544549 ☐ 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

9. Name and Address of Current Registered Agent

BURG, CLIFFORD F
10349 TRAILWOOD COURT
JUPITER FL 33478

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 an officer) — (NOTE: Registered Agent's signature required when changed) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BURG, CLIFFORD F		1.2 NAME		
STREET ADDRESS	10349 TRAILWOOD COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33478		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURG, JAMES A		2.2 NAME		
STREET ADDRESS	10349 TRAILWOOD COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33478		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BURG, CLIFFORD F JR		3.2 NAME		
STREET ADDRESS	10349 TRAILWOOD COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33478		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURG, SHARON A		4.2 NAME		
STREET ADDRESS	10349 TRAILWOOD COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33478		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHIRARD, JOHN PATRICK		5.2 NAME		
STREET ADDRESS	312 ST. LUCIE LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34946		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRIEVE, WENDY J		6.2 NAME		
STREET ADDRESS	27 TURTLE CREEK DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469		6.4 CITY-ST-ZIP		

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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)(k), 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: Clifford F. Burg, President — 4/9/96 — 407-287-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5-1-96