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**May 14 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P01646 (9)
1. Corporation Name
BAR-S FOODS CO.



Principal Place of Business: **4041 N CENTRAL AVENUE, SUITE 1300
P.O. BOX 28049
PHOENIX AZ 85012**
Mailing Address: **4041 N CENTRAL AVENUE, SUITE 1300
P.O. BOX 28049
PHOENIX AZ 85012-3313**

3. Date Incorporated or Qualified: **04/17/1984** 3a. Date of Last Report: **05/01/1996**
4. FEI Number: **86-0409987** 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: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **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: _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAY, TIMOTHY T.	
STREET ADDRESS	5913 N. LA COLINA	
CITY-ST-ZIP	PARADISE VALLEY AZ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KINNE, MORRIS Y.	
STREET ADDRESS	PO BOX 700 N/A	
CITY-ST-ZIP	TETON VILLAGE WY	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SIRRIDGE, JOHN B.	
STREET ADDRESS	6722 E. FANFOL DRIVE	
CITY-ST-ZIP	PARADISE VALLEY AZ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STINN, KEN J.	
STREET ADDRESS	2418 SUNSET DRIVE	
CITY-ST-ZIP	CLINTON OK	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	UHL, ROBERT W.	
STREET ADDRESS	8534 N. 16TH PLACE	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WEINMAN, THOMAS F.	
STREET ADDRESS	11802 N. 60TH STREET	
CITY-ST-ZIP	SCOTTSDALE AZ	

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	V = Vice President
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DV = Director, Vice President
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 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.

SIGNATURE: *Jim Kuvkendall* **Jim Kuvkendall** (602) 264-7272

CR2E034 (9/96)