

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90079 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P01646

1. Corporation Name
BAR-S FOODS CO.



Principal Place of Business Mailing Address
4041 N CENTRAL AVENUE, SUITE 1300 **4041 N CENTRAL AVENUE, SUITE 1300**
P.O. BOX 29049 **P.O. BOX 29049**
PHOENIX AZ 85012 **PHOENIX AZ 85012**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip 29 Country 30 Country
 24 25 29 30

3. Date Incorporated or Qualified
04/17/1984
 4. FEI Number Applied For
86-0409987 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 owes the current year Intangible Personal Property Tax. Yes No

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, TIMOTHY T.	1.2 NAME	
STREET ADDRESS	5913 N. LA COLINA	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARADISE VALLEY AZ	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNE, MORRIS Y.	2.2 NAME	
STREET ADDRESS	PO BOX 700 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	TETON VILLAGE WY	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUYKENDALL, JAMES S.	3.2 NAME	
STREET ADDRESS	4041 N. CENTRAL AVE., SUITE 1300	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ 85012	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINE, JAMES C.	4.2 NAME	
STREET ADDRESS	4041 N. CENTRAL AVE., SUITE 1300	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ 85012	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UHL, ROBERT W.	5.2 NAME	
STREET ADDRESS	8534 N. 16TH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	5.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINMAN, THOMAS F.	6.2 NAME	
STREET ADDRESS	11802 N. 60TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	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: *James S. Kuykendall* James S. Kuykendall 4/27/99 (602)264-7272
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)