



STATE OF ARIZONA
CORPORATION COMMISSION



BUSINESS CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE
DOMESTIC

FOR FISCAL YEAR ENDING 12/31/1995

DUE ON OR BEFORE 04/15/1996

The following information is required by A.R.S. §10-125 for all general corporations organized for profit, professional corporations, and business trusts authorized to transact business in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-142. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0241199-0
Corporation Name: ROBINSON FARMS, INC.
Address: 5861 S KYRENE #1

RECEIVED

AUG 19 1996

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

City, State, Zip: TEMPE AZ 85283-
Domicile: ARIZONA
Type: PROFIT

Arizona Statutory Agent: L AND R SERVICE CO
Street Address: 40 N CENTRAL AVE #1500
(NOT P.O. BOX)

City, State, Zip: PHOENIX AZ 85004-4429

1. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation in Arizona.

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 16. General Consulting | <input type="checkbox"/> 31. Restaurant/Bar |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 17. Health Care | <input type="checkbox"/> 32. Retail Sales |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 18. Hotel/Motel | <input type="checkbox"/> 33. Science/Research |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 19. Import/Export | <input type="checkbox"/> 34. Sports/Sporting Events |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 20. Insurance | <input type="checkbox"/> 35. Tax Services |
| <input type="checkbox"/> 6. Attorneys at Law | <input type="checkbox"/> 21. Legal Services | <input type="checkbox"/> 36. Technology (Computer) |
| <input type="checkbox"/> 7. Banking/Finance | <input type="checkbox"/> 22. Manufacturing | <input type="checkbox"/> 37. Technology (General) |
| <input type="checkbox"/> 8. Barbers/Cosmetology | <input type="checkbox"/> 23. Medicine/Dentistry | <input type="checkbox"/> 38. Television/Radio |
| <input type="checkbox"/> 9. Construction | <input type="checkbox"/> 24. Mining | <input type="checkbox"/> 39. Tourism/Convention Services |
| <input type="checkbox"/> 10. Contractor | <input type="checkbox"/> 25. News Media | <input type="checkbox"/> 40. Transportation |
| <input type="checkbox"/> 11. Credit/Collection | <input type="checkbox"/> 26. Pharmaceutical | <input type="checkbox"/> 41. Utilities |
| <input type="checkbox"/> 12. Education | <input type="checkbox"/> 27. Publishing/Printing | <input type="checkbox"/> 42. Veterinary Medicine/
Animal Care |
| <input type="checkbox"/> 13. Engineering | <input checked="" type="checkbox"/> 28. Ranching/Livestock | <input type="checkbox"/> 43. Other _____ |
| <input type="checkbox"/> 14. Entertainment | <input type="checkbox"/> 29. Real Estate | |
| <input type="checkbox"/> 15. Farming | <input type="checkbox"/> 30. Resort | |

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Total	\$ <u>45</u>



2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less X 26 - 100 _____ 101 - 500 _____ Over 500 _____

3. --- If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below ---
--- and PRESIDENT or VICE PRESIDENT must sign page 4 of this report. ---

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Statutory Agent Name

Address

Signature

City, State, Zip

4. **CAPITALIZATION:** (NOTE: Business Trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.)

Number of Shares Authorized	Class	Series	Par Value
1,000,000	Common		\$0.01

Number of Shares Issued	Class	Series	Par Value
32,000	Common		\$0.01

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

5. **OFFICERS** (If no changes since last report, check here ☐ and go on to Section 6.)

PRESIDENT: DAMIAN L ROBINSON

Address: 3604 E TANO CT

PHOENIX, AZ 85044-

Date taking office: 04-13-92

SECRETARY: ARTEMIO MENDOZA

Address: 1717 S COOPER RD

CHANDLER, AZ 85249-

Date taking office: 04-13-92

VICE PRESIDENT: ARTEMIO MENDOZA

Address: 1717 S COOPER RD

CHANDLER, AZ 85249-

Date taking office: 04-13-92

TREASURER: ARTEMIO MENDOZA

Address: 1717 S COOPER RD

CHANDLER, AZ 85249-

Date taking office: 04-13-92

6. **DIRECTORS** (If no changes since last report, check here ☐ and go on to Section 7.)

NAME: DAMIAN L ROBINSON

Address: 3604 E TANO CT

PHOENIX, AZ 85044-

Date taking office: 04-13-92

NAME: _____

Address: _____

Date taking office: _____

NAME: ARTEMIO MENDOZA

Address: 1717 S COOPER RD

CHANDLER, AZ 85249-

Date taking office: 04-13-92

NAME: _____

Address: _____

Date taking office: _____

7. **SHAREHOLDERS** of record holding more than 20% of any class of shares issued by the corporation or having more than 20% beneficial interest in the corporation. If none, so state.

NAME Candice A. Wolfswinkel

NAME Brandon D. Wolfswinkel

NAME Ashton A. Wolfswinkel

NAME Damian L. Robinson

Robinson Farms, Inc.
Field # 0241199-0

Changes on Report
(Address Changes)

(5) Officers:

President: Damian L. Robinson
12672 S. Honaleect
Phoenix, Az 85044

Date Taking office: 4/13/92

Vice Pres: Artemio Mendoza
5861 S. Kyrene, Suite 1
Tempe, AZ 85283

Date Taking office: 4/13/92

Secretary Artemio Mendoza
5861 S. Kyrene, Suite 1
Tempe, AZ 85283

Date Taking office: 4/13/92

Treasurer Artemio Mendoza
5861 S. Kyrene, Suite 1
Tempe, AZ 85283

Date Taking office: 4/13/92

(6) Directors

Damian L. Robinson
12672 S. Honaleect
Phoenix, Az 85044

Date Taking office: 4/13/92

Artemio Mendoza
5861 S. Kyrene, Suite 1
Tempe, AZ 85283

Date Taking office: 4/13/92

8. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-125.A.9.)

Complete the following Balance Sheet; OR

- attach a copy of Schedule L, Form 1120 filed with either the Internal Revenue Service or Arizona Department of Revenue; OR
- attach a copy of the corporation's financial statement as provided to shareholders pursuant to A.R.S. §10-052.E. Books and Records; OR
- attach a copy of your Financial Report to Shareholders as required by A.R.S. §10-127; OR
- If no business conducted this fiscal year, so state.

BALANCE SHEET

ASSETS

Current Assets:

Cash	\$ 1,587	
Trade notes and accounts receivable (less allowance for bad debts)		
Inventories	692,499	
Other current assets		
Total Current Assets		\$ 694,086
Investments		(1,189,189)
Land, buildings and other fixed assets (net of accumulated depreciation)		958,384
Intangible assets (net of amortization)		465,995
Loans to shareholders		
Other assets		36,351
Total Assets		\$ 965,627

LIABILITIES AND OWNERS' EQUITY

Current Liabilities:

Accounts Payable	\$ 211	
Mortgages, notes, bonds (payable in less than 1 year)		
Other current liabilities	271,212	
Total current liabilities		\$ 271,423
Mortgages, notes, bonds (payable in more than 1 year)		1,633,499
Loans from shareholders		
Other liabilities		
Total Liabilities		\$ 1,904,922

Capital stock: • (a) Preferred stock	320	320
(b) Common stock		21,066
Paid-in-or capital surplus		
Less cost of treasury stock		(960,681)
Retained earnings		
Total Capital		\$ (939,295)
TOTAL LIABILITIES AND EQUITY		\$ 965,627

9.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-128)

Has any person serving either by election or appointment as officers, directors, trustees, incorporators and persons controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation:

1. Been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate;
2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate;
3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order:

- (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
- (b) involved the violation of the consumer fraud laws of that jurisdiction, or
- (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES _____

NO X _____

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

9.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-128.01)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes _____ Chapter _____ Date Filed _____ Case Number _____ No X _____

10. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

By  Date 8/15/96 By _____ Date _____

Title V. President Title _____