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Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001605 (2)**

1. Corporation Name

SUNSHINE AGRICULTURE INCORPORATED

Principal Place of Business

Mailing Address

**1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE FL 32308**

**1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE FL 32308-7703**

3. Date Incorporated or Qualified
03/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3375053

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

**SCHOW, HARACE II
1801 HERMITAGE BLVD., SUITE 100
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name **David E. Todd**
82 Street Address (P.O. Box Number is Not Acceptable)
1801 Hermitage Blvd.
83 **Suite 100**
84 City **Tallahassee** **FL** **85** Zip Code **32308**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *David E. Todd* **David E. Todd, Assistant General Counsel** **1-22-97**
(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable.

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BENNETT, DOUGLAS W**
STREET ADDRESS **1801 HERMITAGE BLVD., SUITE 600**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ DELETE
NAME **MILLER, TODD A**
STREET ADDRESS **1801 HERMITAGE BLVD., SUITE 600**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ DELETE
NAME **HORTON, JAMES W**
STREET ADDRESS **1801 HERMITAGE BLVD., SUITE 600**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **P** ☒ Change ☐ Addition
4.2 NAME **John H. Meneely**
4.3 STREET ADDRESS **801 Warrenville Road, Suite 600**
4.4 CITY-ST-ZIP **Lisle, IL 60532-1357**

5.1 TITLE **V** ☒ Change ☐ Addition
5.2 NAME **Melvin L. Gould**
5.3 STREET ADDRESS **801 Warrenville Road, Suite 600**
5.4 CITY-ST-ZIP **Lisle, IL 60532-1357**

6.1 TITLE **S** ☒ Change ☐ Addition
6.2 NAME **William M. Tarnow**
6.3 STREET ADDRESS **801 Warrenville Road, Suite 600**
6.4 CITY-ST-ZIP **Lisle, IL 60532-1357**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Douglas W. Bennett* **Douglas W. Bennett, Director** **3-23-97**

CR2E037 (9/96)