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Apr 30 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 # 803879 (6)
1. Corporation Name
UNITED STATES SUGAR CORPORATION



Principal Place of Business

O/O JOHN T. MCGALLUM
P.O. BOX 1207
CLEWISTON FL 33440

Mailing Address

O/O JOHN T. MCGALLUM
P.O. BOX 1207
CLEWISTON FL 33440-1207

3. Date Incorporated or Qualified
05/06/1931

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 C/O STEPHEN V. COFFMAN
Suite, Apt. #, etc.

2a. Mailing Address

26 C/O STEPHEN V. COFFMAN
Suite, Apt. #, etc.

4. FEI Number

59-0490750

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

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

9. Name and Address of Current Registered Agent

COFFMAN, STEPHEN V
111 PONCE DE LEON AVENUE
CLEWISTON FL 33440

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

TITLE PCE
NAME FAIRBANKS, J. NELSON
STREET ADDRESS 111 PONCE DE LEON AVE.
CITY-ST-ZIP CLEWISTON FL ☐ DELETE

TITLE TAS
NAME COFFMAN, STEPHEN V
STREET ADDRESS 111 PONCE DE LEON AVE.
CITY-ST-ZIP CLEWISTON FL ☐ DELETE

TITLE VS
NAME BUKER, ROBERT H. JR.
STREET ADDRESS 111 PONCE DE LEON AVE.
CITY-ST-ZIP CLEWISTON FL ☐ DELETE

TITLE EV
NAME TERRILL, JAMES E.
STREET ADDRESS 111 PONCE DE LEON AVE.
CITY-ST-ZIP CLEWISTON FL ☐ DELETE

TITLE V
NAME GRACE, JERRY W
STREET ADDRESS 111 PONCE DE LEON AVE.
CITY-ST-ZIP CLEWISTON FL ☐ DELETE

TITLE CAST
NAME WINE, ELLEN H
STREET ADDRESS 111 PONCE DE LEON AVE.
CITY-ST-ZIP CLEWISTON FL ☐ DELETE

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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

Stephen V. Coffman

CR2E034 (9/96)