FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 25 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 404125 (7)

1. Corporation Name
SUN PAC FOODS, INC.

Principal Place of Business	Mailing Address
US HWY 17 AND SPIRIT LAKE ROAD P.O. BOX 9065 WINTER HAVEN FL 33883-9065	US HWY 17 AND SPIRIT LAKE ROAD P.O. BOX 9065 WINTER HAVEN FL 33883-9065

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1972
3a. Date of Last Report: 03/25/1994

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)

4. FEI Number: 59-1414734 ☐ 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

FOLKARD, HUGH C.
117 WODEN WAY SE
WINTER HAVEN FL 33880

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	RIDDELL, JOHN AUBREY	1.2 NAME	
STREET ADDRESS	R R 1 BOLTON	1.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARION, CA 00000	1.4 CITY-ST-ZIP	
TITLE	TAS	2.1 TITLE	☐ Change ☐ Addition
NAME	CRISS, C. K.	2.2 NAME	
STREET ADDRESS	672 WAKULLA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	MDF	3.1 TITLE	☐ Change ☐ Addition
NAME	MCEWAN, VINCE	3.2 NAME	
STREET ADDRESS	37 FAIRLAWN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CANADA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	FOLKARD,HUGH C.	4.2 NAME	
STREET ADDRESS	117 WODEN WAY SE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KENNY,JAMES C.	5.2 NAME	
STREET ADDRESS	7 RAVENSBOURNE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO CA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	CATHERINE KNOWLES
STREET ADDRESS		6.3 STREET ADDRESS	226 CORNER RIDGE ROAD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	AURORA, ONTARIO, CANADA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: C.K. CRISS 3/8/95 (813) 533-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440420 - FP