

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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 9365  
WINTER HAVEN FL 33883-9365  
US HWY 17 AND SPIRIT LAKE ROAD  
P.O. BOX 9365  
WINTER HAVEN FL 33883-9365

3. Date Incorporated or Qualified 06/30/1972  
3a. Date of Last Report 03/22/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-1414734	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> 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  
85. Zip Code FL

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, type or print 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	DP RIDDELL, JOHN AUBREY R R 1 BOLTON ONTARIO, CA 00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAS CRISS, C. K. 672 WAKULLA DR. WINTER HAVEN FL	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MDF MCEWAN, VINCE 37 FAIRLAWN AVE. ONTARIO, CANADA	1.3 STREET ADDRESS	312 NIBLICK CIRCLE
CITY-ST-ZIP	VD FOLKARD, HUGH C. 117 WODEN WAY SE WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	D KENNY, JAMES C. 7 RAVENSBORNE COURT ONTARIO CA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.K. CRISS TREASURER

3/5/96

Date

(941) 533-0808

Daytime Phone #

CR2E034 (12/95)