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May 06 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 # 404125

(7)

1. Corporation Name

SUN PAC FOODS, INC.

Principal Place of Business

US HWY 17 AND SPIRIT LAKE ROAD  
P.O. BOX 8365  
WINTER HAVEN FL 33883-9365

Mailing Address

US HWY 17 AND SPIRIT LAKE ROAD  
P.O. BOX 8365  
WINTER HAVEN FL 33883-9365

3. Date Incorporated or Qualified

06/30/1972

3a. Date of Last Report

03/12/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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 DP ☐ DELETE

NAME RIDDELL, JOHN AUBREY  
STREET ADDRESS R R 1 BOLTON  
CITY - ST - ZIP ONTARIO, CA 00000

TITLE TAS ☒ DELETE

NAME CRISS, C. K.  
STREET ADDRESS 672 WAKULLA DR.  
CITY - ST - ZIP WINTER HAVEN FL

TITLE MDF ☐ DELETE

NAME MCEWAN, VINCE  
STREET ADDRESS 37 FAIRLAWN AVE.  
CITY - ST - ZIP ONTARIO, CANADA

TITLE VD ☐ DELETE

NAME FOLKARD, HUGH C.  
STREET ADDRESS 117 WODEN WAY SE  
CITY - ST - ZIP WINTER HAVEN FL

TITLE D ☐ DELETE

NAME KENNY, JAMES C.  
STREET ADDRESS 7 RAVENSBORNE COURT  
CITY - ST - ZIP ONTARIO CA

TITLE D ☐ DELETE

NAME CATHERINE KNOWLES  
STREET ADDRESS 226 CORNER RIDGE ROAD  
CITY - ST - ZIP AURORA ON

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H.C. FOLKARD, VICE-PRESIDENT 4/29/97 941-533-0808

Date

Daytime Phone #

CR2E034 (9/96)