

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/30/1972</b>	
21		26		4. FEI Number <b>59-1414734</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDDELL, JOHN AUBREY	1.2 NAME	CHARLES R. TATE
STREET ADDRESS	R R 1 BOLTON	1.3 STREET ADDRESS	33884
CITY-ST-ZIP	ONTARIO, CA 00000	1.4 CITY-ST-ZIP	206 S. MARIAN LAKE DR. WINTER HAVEN FL
TITLE	MDF <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCEWAN, VINCE	2.2 NAME	
STREET ADDRESS	37 FAIRLAWN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CANADA	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLKARD, HUGH C.	3.2 NAME	
STREET ADDRESS	117 WODEN WAY SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNY, JAMES C.	4.2 NAME	
STREET ADDRESS	7 RAVENSBORNE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE KNOWLES	5.2 NAME	
STREET ADDRESS	226 CORNER RIDGE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	AURORA ON	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

H.C. FOLKARD MARCH 24, 1998 (941) 533-0808

CR2E034 (10/97)