

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90074 028 \*\*\*150.00

DOCUMENT # 404125

1. Corporation Name  
SUN PAC FOODS, INC.

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

Mailing Address  
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 06/30/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1414734	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <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
				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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDELL, JOHN AUBREY	1.2 NAME	
STREET ADDRESS	R R 1 BOLTON	1.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CA 00000	1.4 CITY-ST-ZIP	
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	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, CHARLES R	6.2 NAME	
STREET ADDRESS	206 S MARIAN LAKE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Folkard

April 6, 1999

Date

(941) 533-0808

Daytime Phone #