

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90104 015 ***150.00

DOCUMENT # 404125

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1414734

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS **119 OXFORD STREET**
 CITY-ST-ZIP **RICHMOND HILL, ONTARIO, L4C 4L6**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
CATHERINE KNOWLES
 STREET ADDRESS **226 CORNER RIDGE ROAD**
 CITY-ST-ZIP **AURORA ON**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
TATE, CHARLES R
 STREET ADDRESS **206 S MARIAN LAKE DR**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *H. C. Folkard* **H. C. FOLKARD, MARCH 22, 2000 (863) 533-0808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)