FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 22 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **655936** **(3)**

1. Corporation Name

SUN PAC FOODS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
U.S. HWY 17 AND SPIRIT LAKE RD. P.O. BOX 9365 WINTER HAVEN FL 33883-9365	U.S. HWY 17 AND SPIRIT LAKE RD. P.O. BOX 9365 WINTER HAVEN FL 33883-9365

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1980
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-2059592 ☐ 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

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) (Date) (Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	RIDDELL, JOHN A	12 NAME	
STREET ADDRESS	R R 1 BOLTON	13 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO CA	14 CITY ST ZIP	
TITLE	MDF	21 TITLE	☐ Change ☐ Addition
NAME	MCEWAN, VINCENT	22 NAME	
STREET ADDRESS	37 FAIRLAWN AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CANADA	24 CITY ST ZIP	
TITLE	TAS	31 TITLE	☐ Change ☐ Addition
NAME	CRISS, C K	32 NAME	
STREET ADDRESS	672 WAKULLA DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	FOLKARD, HUGH C.	42 NAME	
STREET ADDRESS	117 WODEN WAY SE	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KENNY, JAMES C.	52 NAME	
STREET ADDRESS	7 RAVENSBOURNE CT	53 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO CA	54 CITY ST ZIP	
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	CATHERINE KNOWLES
STREET ADDRESS		63 STREET ADDRESS	226 CORNER RIDGE ROAD
CITY-ST-ZIP		64 CITY ST ZIP	AURORA, ONTARIO, CANADA

4/3/24

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)(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: C.K. CRISS 3/8/95 (813) 533-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #