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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 655936 (3)

1. Corporation Name

SUN PAC FOODS INTERNATIONAL, INC.



Principal Place of Business

U.S. HWY 17 AND SPIRIT LAKE RD.
P.O. BOX 9365
WINTER HAVEN FL 33883-9365

Mailing Address

U.S. HWY 17 AND SPIRIT LAKE RD.
P.O. BOX 9365
WINTER HAVEN FL 33883-9365

3. Date Incorporated or Qualified
02/08/1980

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DP
RIDDELL, JOHN A
R R 1 BOLTON
ONTARIO CA

MDF
MCEWAN, VINCENT
37 FAIRLAWN AVENUE
ONTARIO, CANADA

TAS
CRISS, C K
672 WAKULLA DRIVE
WINTER HAVEN FL

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

D
KENNY, JAMES C.
7 RAVENSBORNE CT
ONTARIO CA

D
KNOWLES, CATHERINE
226 CORNER RIDGE ROAD
AURORA, ONTARIO, CANADA

1 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

312 NIBLICK CIRCLE

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)(k), 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

C.K. CRISS TREASURER

3/5/96

(941) 533-0808

Date

Daytime Phone #

CR2E034 (12/95)