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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 655936 (3)

1. Corporation Name

SUN PAC FOODS INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

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

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

g. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/08/1980

4. FEI Number

59-2059582

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

TITLE DP
NAME RIDDELL, JOHN A
STREET ADDRESS R R 1 BOLTON
CITY-ST-ZIP ONTARIO CA ☐ DELETE

TITLE MDF
NAME MCEWAN, VINCENT
STREET ADDRESS 37 FAIRLAWN AVENUE
CITY-ST-ZIP ONTARIO, CANADA ☐ DELETE

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

TITLE D
NAME KENNY, JAMES C.
STREET ADDRESS 7 RAVENSBORNE CT
CITY-ST-ZIP ONTARIO CA ☐ DELETE

TITLE D
NAME KNOWLES, CATHERINE
STREET ADDRESS 228 CORNER RIDGE ROAD
CITY-ST-ZIP AURORA, ONTARIO, CANADA ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

HUGH C. FOLKARD

MARCH 24, 1998 (941) 532-0909

CR2E034 (10/97)