

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 08, 1999 8:00 am
Secretary of State

04-08-1999 90070 023 ***150.00

DOCUMENT # 655936

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

DO NOT WRITE IN THIS SPACE

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 ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 DP ☐ DELETE

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

TITLE MDF ☐ DELETE

NAME MCEWAN, VINCENT
STREET ADDRESS 37 FAIRLAWN AVENUE
CITY-ST-ZIP ONTARIO, CANADA

TITLE VD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME KNOWLES, CATHERINE
STREET ADDRESS 226 CORNER RIDGE ROAD
CITY-ST-ZIP AURORA, ONTARIO, CANADA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

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

April 6, 1999 (941) 533-0808

Date

Daytime Phone #

CR2E034 (11/98)