

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90028 012 ***150.00

DOCUMENT # 803879

1. Corporation Name

UNITED STATES SUGAR CORPORATION

Principal Place of Business

C/O JOHN T. MCCALLUM
P.O. BOX 1207
CLEWISTON FL 33440

Mailing Address

C/O JOHN T. MCCALLUM
P.O. BOX 1207
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1931

4. FEI Number

59-0490750

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

COFFMAN, STEPHEN V
111 PONCE DE LEON AVENUE
CLEWISTON FL 33440

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	PCE	<input type="checkbox"/> DELETE
NAME	FAIRBANKS, J. NELSON	
STREET ADDRESS	111 PONCE DE LEON AVE.	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	COFFMAN, STEPHEN V	
STREET ADDRESS	111 PONCE DE LEON AVE.	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BUKER, ROBERT H. JR.	
STREET ADDRESS	111 PONCE DE LEON AVE.	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	TERRILL, JAMES E.	
STREET ADDRESS	111 PONCE DE LEON AVE.	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRACE, JERRY W	
STREET ADDRESS	111 PONCE DE LEON AVE.	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	CAST	<input type="checkbox"/> DELETE
NAME	WINE, ELLEN H	
STREET ADDRESS	111 PONCE DE LEON AVE.	
CITY-ST-ZIP	CLEWISTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0371763