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 APR 19 PM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # H10546 (0)

1. Corporation Name
SUNSHINE WSMP, INC.

Principal Place of Business	Mailing Address
WSMP DRIVE PO BOX 399 CLAREMONT NC 28610	WSMP DRIVE PO BOX 399 CLAREMONT NC 28610

3. Date Incorporated or Qualified: 07/02/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2410542 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CEO	1.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, JAMES C JR.	1.2 NAME	
STREET ADDRESS	WSMP DRIVE, PO BOX 399 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLAREMONT NC	1.4 CITY-ST-ZIP	
TITLE	SVP	2.1 TITLE	V. Pres. & Asst. Sec. ☐ Change ☐ Addition
NAME	CRAFT, RICHARD G	2.2 NAME	Bobby G. Holman
STREET ADDRESS	WSMP DRIVE, P.O. BOX 399	2.3 STREET ADDRESS	WSMP DR., P. O. Box 399
CITY-ST-ZIP	CLAREMONT NC	2.4 CITY-ST-ZIP	Claremont, NC 28610
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, RICHARD S	3.2 NAME	
STREET ADDRESS	231 13TH AVENUE PL. NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	HICKORY NC	3.4 CITY-ST-ZIP	
TITLE	CAT	4.1 TITLE	☐ Change ☐ Addition
NAME	BERRY, JIM	4.2 NAME	
STREET ADDRESS	WSMP DRIVE, P.O. BOX 399	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLAREMONT NC	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	Assist. Sec. ☐ Change ☐ Addition
NAME	CRAFT, RICHARD G.	5.2 NAME	Matthew Hollifield
STREET ADDRESS	WSMP DR., PO BOX 339 N/A	5.3 STREET ADDRESS	WSMP DR.
CITY-ST-ZIP	CLAREMONT, NC.	5.4 CITY-ST-ZIP	Claremont, NC 28610
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, JAMES C	6.2 NAME	
STREET ADDRESS	WSMP DR., PO BOX 399 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLAREMONT, NC.	6.4 CITY-ST-ZIP	

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: James C Richardson Jr — 4-5-95 — (704) 459-7626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #