

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H10546 (0)

1. Corporation Name

SUNSHINE WSMP, INC.



Principal Place of Business

WSMP DRIVE
PO BOX 399
CLAREMONT NC 28610

Mailing Address

WSMP DRIVE
PO BOX 399
CLAREMONT NC 28610

3. Date Incorporated or Qualified
07/02/1984

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip 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 607.1503, 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 terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

CEO
RICHARDSON, JAMES C JR.
WSMP DRIVE, PO BOX 399 N/A
CLAREMONT NC

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

VPAS
~~CRAFT, RICHARD G~~
HOLMAN, BOBBY G.
CLAREMONT NC

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

D
HOWARD, RICHARD S
231 13TH AVENUE PL. NW
HICKORY NC

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

CAT
BERRY, JIM
WSMP DRIVE, P.O. BOX 399
CLAREMONT NC

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

AS
HOLLIFIELD, MATTHEW
WSMP DR., PO BOX 399 N/A
CLAREMONT NC

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

P
RICHARDSON, JAMES C
WSMP DR., PO BOX 399 N/A
CLAREMONT, NC.

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

Bobby G. Holman
WSMP Drive, P.O. Box 399 N/A
Claremont, NC 28610

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:

Bobby G. Holman Bobby G. Holman 4-25-96 (704) 459-1626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)