

PRO
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H10546
1. Corporation Name
Sunshine WSMP, Inc.

Principal Place of Business Mailing Address
P.O. Box 399
Claremont, NC 28610

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90004 004 ***550.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

July 2, 1984

4. FEL Number
59-2415042

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, Fla. 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, 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

2. OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> DELETE
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> DELETE
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> DELETE
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	James C. Richardson, Jr.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P.O. Box 399	V & D
1.3 STREET ADDRESS	Claremont, NC 28610	
1.4 CITY-ST-ZIP		
2.1 TITLE	David R. Clark	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P.O. Box 399	P & D
2.3 STREET ADDRESS	Claremont, NC 28610	
2.4 CITY-ST-ZIP		
3.1 TITLE	James E. Harris	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P.O. Box 399	VDTS
3.3 STREET ADDRESS	Claremont, NC 28610	
3.4 CITY-ST-ZIP		
4.1 TITLE	Matthew V. Hollifield	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P.O. Box 399	V&S
4.3 STREET ADDRESS	Claremont, NC 28610	
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		

I, I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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:

Matthew V. Hollifield
Matthew V. Hollifield
Asst Sec.

7-6-99

828-304-2312

Date

Daytime Phone #

CR2E034 (11/98)