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 # **H87035** **(2)**

1. Corporation Name

SUNLIGHT CITRUS PACKING, INC.

Principal Place of Business	Mailing Address
1008 BELL AVENUE ~~P.O. BOX 1448~~ FT. PIERCE FL 34982-6581	1008 BELL AVENUE ~~P.O. BOX 1448~~ FT. PIERCE FL 34982-6581

3. Date Incorporated or Qualified: **11/26/1985**
3a. Date of Last Report: **02/24/1995**

4. FEI Number: **59-2601791** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 1008 BELL AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 FT. PIERCE, FL
24 Zip / 25 Country	29 34982 / 30 Country

9. Name and Address of Current Registered Agent

PARTEE, PHILIP W.
1008 BELL AVENUE
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: BOYD, STEPHEN
82 Street Address (P.O. Box Number is Not Acceptable): 1008 BELL AVE.
83 FT. PIERCE,
84 City: FL 85 Zip Code: 34982

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: _____ DATE: 4-4-96

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KNIGHT, C. REED 1008 BELL AVENUE FT. PIERCE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LINDSEY, RALPH J. 1008 BELL AVE FT. PIERCE FL	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PARTEE, PHILIP W. 1008 BELL AVE FT. PIERCE FL	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	STD MARY KNIGHT 1008 BELL AVE. FT. PIERCE, FL 34982	☐ Change ☑ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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.

SIGNATURE: C Reed Knight — 4-8-96 — 407 461 5166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #