FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

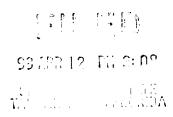
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SUNSHINE AGRICULTURE INCORPORATED

	TPULL TOO		0000		
	HERMITA			SUITE	600
IALL	ahassee	rL	32300		

Mailing Address

1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308





2.	Principal Place of Business 2a. Mailing Address		Date Incorporated or Qualifed							
21		26				1	03/22/1996			
	Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.	e, Apt. #, etc.		4. FEI Number			1	Applied For
22		27	\vec{r}				59-3375053		Г	Not Applicable
		City & State		5.	Certifcate of Status Desired	_ \$	\$8.75 Additional Fee Required			
24	Zip Country	29	Zip Country			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
				81 Name						
TOOD, DAVID E 1801 HERMITAGE BLVD.			82 Street Address (P.O. Box Number is Not Acceptable)							
STE. 400				83						
TALLAHASSEE FL 32308			84 City FL 85 Zip Code						Zip Code	
11	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.									

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent alignature required when reinstating) DATE								
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE OFFICERS AND DIRECTORS	Registered Agent signature re 13.	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12			
		1.1 TITLE	D	Change	X Addition			
TITLE	1.0			Cloudinge	45 Audition			
NAME	BENNETT, DOUGLAS W	1.2 NAME	Jeffrey L. Smith					
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	1.3 STREET ADORESS	1801 Hermitage Blvd., Suite	600				
CITY-ST-ZIP	TALLAHASSEE FL 32308	14 CiTY-ST-ZiP	Tallahassee, FL 32308					
TITLE	D X DELETE	2 1 TITLE		☐ Change	Addition			
NAME	MILLER, TODD A	2.2 NAME						
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	23 STREET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL 32308	2 4 CITY-ST-ZIP						
TITLE	D DELETE	3 1 TITLE		Change	☐ Addition			
NAME	HORTON, JAMES W	32 NAME	000002842	960				
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	3.3 STREET ADDRESS	-04/19/990					
CITY-\$T-ZIP	TALLAHASSEE FL 32308	3 4. CITY-ST-ZIP						
TITLE	P DELETE	4.1 TITLE	*****61,25	☐ Change	☐ Addition			
NAME	MENEELY, JOHN H	4. 2 NAME						
STREET ADDRESS	801 WARRENVILLE RD., STE. 600	4.3 STREET ADDRESS						
CITY-ST-ZIP	LISLE IL	4.4 CITY-ST-ZIP						
TITLE	V DELETE	51 TITLE		Change	["] Addition			
NAME	GOULD, MELVIN L	5.2 NAME						
STREET ADDRESS	801 WARRENVILLE RD., STE. 600	53 STREET ADDRESS						
OTTY-\$T-ZIP	LISLE IL	54 CITY-ST-ZIP						
TITLE	§ □ DELETE	61 TITLE		Change	Addition			
NAME	TARNOW, WILLIAM M	6.2 NAME	.4 4					
STREET ADDRESS	801 WARRENVILLE RD., STE. 600	63 STREET ADDRESS	R Illillag gana					
CITY-ST-79P	LISLE N	64 CITY-ST-ZIP	14 4114 12H					

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas W. Bennett, Director

850-488-4406