

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001605**

1. Corporation Name  
**SUNSHINE AGRICULTURE INCORPORATED**

Principal Place of Business <b>1801 HERMITAGE BLVD., SUITE 600                  TALLAHASSEE FL 32308</b>	Mailing Address <b>1801 HERMITAGE BLVD., SUITE 600                  TALLAHASSEE FL 32308</b>
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 STATE OF FLORIDA  
 DIVISION OF CORPORATIONS



2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>	3. Date Incorporated or Qualified <b>03/22/1996</b>	4. FEI Number <b>59-3375053</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		

9. Name and Address of Current Registered Agent <b>TODD, DAVID E</b> <b>1801 HERMITAGE BLVD.</b> <b>STE. 900</b> <b>TALLAHASSEE FL 32308</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BENNETT, DOUGLAS W</b>	1.2 NAME	<b>Jeffrey L. Smith</b>
STREET ADDRESS	<b>1801 HERMITAGE BLVD., SUITE 600</b>	1.3 STREET ADDRESS	<b>1801 Hermitage Blvd., Suite 600</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, TODD A</b>	2.2 NAME	
STREET ADDRESS	<b>1801 HERMITAGE BLVD., SUITE 600</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORTON, JAMES W</b>	3.2 NAME	
STREET ADDRESS	<b>1801 HERMITAGE BLVD., SUITE 600</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENEELY, JOHN H</b>	4.2 NAME	
STREET ADDRESS	<b>801 WARRENVILLE RD., STE. 600</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LISLE IL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOULD, MELVIN L</b>	5.2 NAME	
STREET ADDRESS	<b>801 WARRENVILLE RD., STE. 600</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LISLE IL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TARNOW, WILLIAM M</b>	6.2 NAME	
STREET ADDRESS	<b>801 WARRENVILLE RD., STE. 600</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LISLE IL</b>	6.4 CITY-ST-ZIP	

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14. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas W. Bennett, Director 850-488-4406

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