FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13766 (1)

1. Corporate Name

LARKEN PROPERTIES, INC.

Principal Place of Business	Mailing Address
3330 SOUTHGATE COURT SW P.O. BOX 1808 CEDAR RAPIDS IA 52406	3330 SOUTHGATE COURT SW P.O. BOX 1808 CEDAR RAPIDS IA 52406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/25/1987	04/04/1994

4. FEI Number: 41-1582046 — 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: 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address: 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 607.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1 TITLE	☐ Change ☐ Addition
NAME	CAHILL, LAWRENCE A.	1 NAME	
STREET ADDRESS	3330 SOUTHGATE COURT SW	1 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	1 CITY-ST-ZIP	
TITLE	VPS	2 TITLE	☐ Change ☐ Addition
NAME	CAHILL, KENNETH M.	2 NAME	
STREET ADDRESS	3330 SOUTHGATE COURT SW	2 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	2 CITY-ST-ZIP	
TITLE	D	3 TITLE	☒ Change ☐ Addition
NAME	UNDERBRINK, CHARLES	3 NAME	Vacant
STREET ADDRESS	1660 S HWY 100 S536 W	3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	3 CITY-ST-ZIP	
TITLE	D	4 TITLE	☐ Change ☐ Addition
NAME	CARSON, RONALD	4 NAME	
STREET ADDRESS	3330 SOUTHGATE CT SW	4 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: L. A. Cahill President — 5/3/95 — (319) 366-8201

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

0400127 FN

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # **P13991** **(5)**

1. Corporation Name

COLONIAL SUGARS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 339 SAVANNAH GA 31402	P.O. BOX 339 SAVANNAH GA 31402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/13/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **58-1711058** ☐ 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 (21) — Suite, Apt. # (22) — City & State (23) — Zip (24) — Country (25)
2a. Mailing Address (26) — Suite, Apt. # (27) — City & State (28) — Zip (29) — Country (30)

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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	**P**
NAME	**SPRAGUE, W.W. JR.**
STREET ADDRESS	**339 2 E BRYAN ST**
CITY-ST-ZIP	**SAVANNAH GA**
TITLE	**VPG**
NAME	**OXNARD, BENJAMIN J**
STREET ADDRESS	**339 2 E BRYAN ST**
CITY-ST-ZIP	**SAVANNAH GA**
TITLE	**VPF**
NAME	**STEINHAUER, W.R.**
STREET ADDRESS	**339 2 E BRYAN ST**
CITY-ST-ZIP	**SAVANNAH GA**
TITLE	**VPO**
NAME	**DE CHAZAL, J.**
STREET ADDRESS	**339 2 BRYAN ST**
CITY-ST-ZIP	**SAVANNAH GA**
TITLE	**T**
NAME	**SMITH, GREGORY H.**
STREET ADDRESS	**339 E BRYAN ST**
CITY-ST-ZIP	**SAVANNAH GA**
TITLE	**VPM**
NAME	**ALLEMAN, E.F.**
STREET ADDRESS	**339 2 E BRYAN ST**
CITY-ST-ZIP	**SAVANNAH GA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Benjamin A Oxnard Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BENJAMIN A. OXNARD, JR - VP

0478440 FP