FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
JAN 27 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S89503 (4) 95

1. Corporation Name
SIME DARBY COMMODITIES, INC.

Principal Place of Business	Mailing Address
5500 HWY 98 EAST DESTIN FL 32541	5500 HWY 98 EAST DESTIN FL 32541

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/23/1991
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business
21 9300 Highway 98
Suite, Apt. #, etc.
22
City & State
23 Destin, Florida
Zip 24 32541 Country 25 USA

2a. Mailing Address
26 9300 Highway 98
Suite, Apt. #, etc.
27
City & State
28 Destin, Florida
Zip 29 32541 Country 30 USA

4. FEI Number: 13-2799524 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

RESTER, JAMES M
5500 HIGHWAY 98 EAST
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name: Rester, James M.
82 Street Address (P.O. Box Number Is Not Acceptable): 9300 Highway 98
83
84 City: Destin FL 85 Zip Code: 32541

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	1.1 TITLE	D/C	☒ Change ☐ Addition
NAME	BERRY, MARTIN S.	1.2 NAME	Berry, Martin S.	
STREET ADDRESS	5500 HWY 98 EAST	1.3 STREET ADDRESS	9300 Highway 98	
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	Destin, Florida 32541	
TITLE	DP	2.1 TITLE	D/P	☒ Change ☐ Addition
NAME	RESTER, JAMES C.	2.2 NAME	Rester, James M.	
STREET ADDRESS	5500 HWY 98 EAST	2.3 STREET ADDRESS	9300 Highway 98	
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	Destin, Florida 32541	
TITLE	DVS	3.1 TITLE	D/V/S	☒ Change ☐ Addition
NAME	LIEW, ALVIN	3.2 NAME	Liew, Alvin	
STREET ADDRESS	5500 HIGHWAY 98 EAST	3.3 STREET ADDRESS	9300 Highway 98	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	Destin, Florida	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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(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: _____ James M. Rester, President 1/24/95 904/267-8111
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0307005 CP