

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 243986

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** TALISMAN SUGAR CORPORATION

**Current Principal Place of Business:**

133 SOUTH WATERSOUND PARKWAY  
WATERSOUND, FL 32413 US

**New Principal Place of Business:**

**Current Mailing Address:**

133 SOUTH WATERSOUND PARKWAY  
WATERSOUND, FL 32413 US

**New Mailing Address:**

**FEI Number:** 59-0935992

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE ST. JOE COMPANY  
133 SOUTH WATERSOUND PARKWAY  
WATERSOUND, FL 32413 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DCEO  
Name: BRADY, PARK  
Address: 133 SOUTH WATERSOUND PARKWAY  
City-St-Zip: WATERSOUND, FL 32413 US

Title: EVP  
Name: BIENVENUE, PATRICK  
Address: 133 SOUTH WATERSOUND PARKWAY  
City-St-Zip: WATERSOUND, FL 32413

Title: D-T  
Name: HOYER, THOMAS  
Address: 133 SOUTH WATERSOUND PARKWAY  
City-St-Zip: WATERSOUND, FL 32413 US

Title: S  
Name: BORICK, KENNETH M  
Address: 133 SOUTH WATERSOUND PARKWAY  
City-St-Zip: WATERSOUND, FL 32413 US

Title: AS  
Name: LEWIS, LYNNE  
Address: 133 SOUTH WATERSOUND PARKWAY  
City-St-Zip: WATERSOUND, FL 32413 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS HOYER

D-T

04/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date