

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # 243986**  
 1. Corporation Name  
**TALISMAN SUGAR CORPORATION**

**(7)**



Principal Place of Business Mailing Address  
**U.S. HWY. 27, 16 MILES S. OF SOUTH BAY**  
**POST OFFICE BOX 814**  
**BELLE GLADE FL 33430**

3. Date Incorporated or Qualified **01/21/1961** 3a. Date of Last Report **02/26/1996**

21. Principal Place of Business State, Apt #, etc.	26. Mailing Address Suite, Apt #, etc.	4. FEI Number <b>59-0935992</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip Country	29. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PUJALS, GUSTAVO J.**  
**HWY 27, 16 MILES SO. OF SOUTH BAY**  
**P O BOX 814**  
**BELLE GLADE FL 33430**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CERVERA, MIGUEL B</b>	1.2 NAME	
STREET ADDRESS	<b>4820 ORDUNA DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETTY, CM</b>	2.2 NAME	
STREET ADDRESS	<b>1650 PRUDENTIAL DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, R.A.</b>	3.2 NAME	
STREET ADDRESS	<b>1650 PRUDENTIAL DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWNLIE, E. C.</b>	4.2 NAME	
STREET ADDRESS	<b>1650 PRUDENTIAL DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, 00000 FL 32207</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THORNTON, W L</b>	5.2 NAME	
STREET ADDRESS	<b>1650 PRUDENTIAL DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEDLEY R. E.</b>	6.2 NAME	
STREET ADDRESS	<b>1650 PRUDENTIAL DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	6.4 CITY-ST-ZIP	

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 registered or authorized 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 Attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
 \_\_\_\_\_  
 Vice President & General Manager

March 17, 1997 (561) 996-5527

Date Daytime Phone #

CR2E034 (9/96)