

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3: 27

DOCUMENT # 791043 (3)
1. Corporation Name
FLORIDA TOMATO EXCHANGE

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4401 E. COLONIAL DR. P.O. BOX 140635
ORLANDO FL 32803 ORLANDO FL 32814
US US

3. Date Incorporated or Qualified 12/03/1974 3a. Date of Last Report 02/03/1994
4. FBI Number 59-1564849 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
HAWKINS, WAYNE
4401 EAST COLONIAL DRIVE
ORLANDO FL 32814

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 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 607.0509, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	STRANO, ROSARIO
STREET ADDRESS	75 W PALM DR
CITY-ST-ZIP	FLORIDA CITY FL 33034
TITLE	VD
NAME	MCCLURE, DAN
STREET ADDRESS	P.O. BOX 963 (NA)
CITY-ST-ZIP	PALMETTO FL
TITLE	SD
NAME	MCGREGOR, WILLIAM R.
STREET ADDRESS	8981 SW 114TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	EV
NAME	HAWKINS, WAYNE
STREET ADDRESS	4401 E COLONIAL DRIVE
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	PD
NAME	NEILL, DAVID
STREET ADDRESS	2709 MCNEILL RD.
CITY-ST-ZIP	FT. PIERCE FL 33954
TITLE	TD
NAME	MURRAH, DAVID
STREET ADDRESS	212 JEROME DR.
CITY-ST-ZIP	IMMOKALEE FL 33934

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harlee, Peter
1.3 STREET ADDRESS	P.O. Box 8 (NA)
1.4 CITY-ST-ZIP	Palmetto, FL 34220
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McClure, Dan
2.3 STREET ADDRESS	P.O. Box 963 (NA)
2.4 CITY-ST-ZIP	Palmetto, FL
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hagan, Marshall
3.3 STREET ADDRESS	16715 S. W. 82nd St.
3.4 CITY-ST-ZIP	Miami FL 33157
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Neill, David
5.3 STREET ADDRESS	2709 McNeill Rd.
5.4 CITY-ST-ZIP	Ft. Pierce, FL 33954
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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.

SIGNATURE: Carroll W. Hawkins 3/16/95 407-894-3071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Figure #)
Carroll W. Hawkins, Exec. Vice-President