

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 4-22-96 B-41379 C

**FILED**  
May 30 1996 8:00 am  
Secretary of State

DOCUMENT # 791043 (3)

1. Corporation Name

FLORIDA TOMATO EXCHANGE



Principal Place of Business

Mailing Address

4401 E. COLONIAL DR.  
ORLANDO FL 32803  
US

P.O. BOX 140635  
ORLANDO FL 32814  
US

3. Date Incorporated or Qualified

12/03/1974

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1564849

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

24

Country

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAWKINS, WAYNE  
4401 EAST COLONIAL DRIVE  
ORLANDO FL 32814

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME STRANO, ROSARIO  
STREET ADDRESS 75 W PALM DR  
CITY-ST-ZIP FLORIDA CITY FL 33034

11 TITLE SD  Change  Addition  
12 NAME Marshall Hagan  
13 STREET ADDRESS P.O. Box 970349  
14 CITY-ST-ZIP Perrine, FL 33191 (N/A)

TITLE D  DELETE  
NAME MCCLURE, DAN  
STREET ADDRESS P.O. BOX 963 (NA)  
CITY-ST-ZIP PALMETTO FL

21 TITLE PD  Change  Addition  
22 NAME Peter Harilee  
23 STREET ADDRESS P.O. Box 8  
24 CITY-ST-ZIP Palmetto, FL 34220 (N/A)

TITLE SD  DELETE  
NAME MCGREGOR, WILLIAM R.  
STREET ADDRESS 8981 SW 114TH STREET  
CITY-ST-ZIP MIAMI FL

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE EV  DELETE  
NAME HAWKINS, WAYNE  
STREET ADDRESS 4401 E COLONIAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32803

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE VD  DELETE  
NAME NEILL, DAVID  
STREET ADDRESS 2709 MCNEILL RD.  
CITY-ST-ZIP FT. PIERCE FL

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE TD  DELETE  
NAME MURRAH, DAVID  
STREET ADDRESS 212 JEROME DR.  
CITY-ST-ZIP INMOKALEE FL 33934

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(k), 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:

*Carol W. Hawkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Carol W. Hawkins, Exec. Vice-President

4/16/96

Date

407-894-3071

Daytime Phone #

CR2E037 (12/95)

5/30/96