

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

**FILED**  
**May 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 791043 (3)**

1. Corporation Name  
**FLORIDA TOMATO EXCHANGE**



Principal Place of Business <b>4401 E. COLONIAL DR.                  ORLANDO FL 32803                  US</b>	Mailing Address <b>P.O. BOX 140635                  ORLANDO FL 32814                  US</b>
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3. Date Incorporated or Qualified <b>12/03/1974</b>	
4. FEI Number <b>59-1564849</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMIGIEL, GARY</b>	1.2 NAME	
STREET ADDRESS	<b>7965 LANTANA ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCLURE, DAN</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 963 (NA)</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALMETTO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAGAN, MARSHALL</b>	3.2 NAME	
STREET ADDRESS	<b>21150 S.W. 167TH AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>EV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAWKINS, WAYNE</b>	4.2 NAME	
STREET ADDRESS	<b>4401 E COLONIAL DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEILL, DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>2709 MCNEILL RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAH, DAVID</b>	6.2 NAME	
STREET ADDRESS	<b>212 JEROME DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IMMOKALEE FL 33934</b>	6.4 CITY-ST-ZIP	

14. I 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 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: \_\_\_\_\_ DATE: **May 7, 1998** 407-894-3071

CR2E037 (10/97)