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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 JAN 19 AM 11:04

DOCUMENT # G63383 (5)

1. Corporation Name
GADSDEN TOMATO COMPANY

Principal Place of Business	Mailing Address
218 N. GRAVES ST. P O BOX 1018 QUINCY FL 32351	218 N. GRAVES ST. P O BOX 1018 QUINCY FL 32351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/03/1983
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2322091 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAXWELL, WILLIAM
121 WEST CLARK STREET
QUINCY FL 32351

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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MAXWELL, WILLIAM	12 NAME	
STREET ADDRESS	RT 3, LK TALQUIN RD	13 STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 00000	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, P EUGENE	22 NAME	
STREET ADDRESS	641 N CALHOUN ST	23 STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SUBER, JOHN W.	32 NAME	
STREET ADDRESS	118 EAST KING STREET	33 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, PAUL GRAVES	42 NAME	
STREET ADDRESS	SOLOMON DAIRY RD	43 STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 00000	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	SUBER, STEWART	52 NAME	
STREET ADDRESS	RT 3, LK TALQUIN RD	53 STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 00000	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	SUBER, HARVEY	62 NAME	
STREET ADDRESS	FLETCHER DR	63 STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 00000	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an blank.

SIGNATURE: Paul B. Suber
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
Date: 1/14/95
Daytime Phone #: 904-875-1017

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