FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jan 19 1996 8:00 am
Secretary of State

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

2. Principal Place of Business 21 218 N. Graves St.	2a. Mailing Address 26 P.O. Box 1018
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Quincy Florida	City & State 28 Quincy Florida
Zip 24 32353 Country 25 USA	Zip 29 32353 Country 30 USA

3. Date Incorporated or Qualified 10/03/1983	3a. Date of Last Report 01/19/1995
4. FEI Number 59-2322091	☐ 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
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's signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAXWELL, WILLIAM		1.2 NAME		
STREET ADDRESS	RT 3, LK TALQUIN RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, P EUGENE		2.2 NAME		
STREET ADDRESS	641 N CALHOUN ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SUBER, JOHN W.		3.2 NAME		
STREET ADDRESS	118 EAST KING STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, PAUL GRAVES		4.2 NAME		
STREET ADDRESS	SOLOMON DAIRY RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 00000		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SUBER, STEWART		5.2 NAME		
STREET ADDRESS	RT 3, LK TALQUIN RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 00000		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SUBER, HARVEY		6.2 NAME		
STREET ADDRESS	FLETCHER DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 00000		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 address.

SIGNATURE: Wallace M. Maxwell 1/18/96 904-875-7017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #