

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G63383** (5)
1. Corporation Name
GADSDEN TOMATO COMPANY



Principal Place of Business: **218 N. GRAVES ST.
QUINCY FL 32353
US**
Mailing Address: **P.O. BOX 1018
QUINCY FL 32353-1018
US**

3. Date Incorporated or Qualified: **10/03/1983**
3a. Date of Last Report: **01/19/1996**
4. FEI Number: **59-2322091**
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: **Same**
2a. Mailing Address: **Same**
21. Suite, Apt. #, etc.:
22. City & State:
23. Zip: Country:
24. Zip: Country:

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: **Graves Williams**
82. Street Address (P.O. Box Number Not Acceptable): **218 N. Graves St.**
83. City: **Quincy** FL 85. Zip Code: **32351**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: *[Signature]* DATE: **1/2/96**

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone: #

0051414

CR2E034 (9/96)