2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

P.O. BOX 1018 QUINCY FL 32353

DOCUMENT # **G63383**

Country

6. Name and Address of Current Registered Agent

1. Entity Name

218 N. GRAVES ST.

QUINCY FL 32353

US

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

WILLIAMS, GRAVES

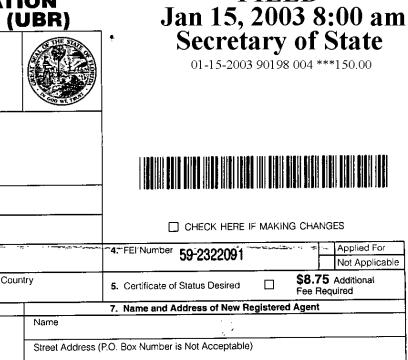
218 11 GRAVES ST QUINCY FL 32351

SIGNATURE:

City & State

Zip 🥕

GADSDEN TOMATO COMPANY



FILED

Zip Code

CR2E034 (10/02)

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _	Signature, typed or printed name of registered agent and title if app	licable. (NOTE: Ri	egistered Agent signature require	d when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Trust Fund Contribu	tion. Ac	5.00 May Be
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECT	ORS IN 11
TITLE NAME STREET ADDRESS	P MAXWELL, WILLIAM RT 3, LK TALQUIN RD QUINCY, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chan	nge 🔲 Addition
NAME STREET ADDRESS	DS SUBER, JOHN W. 118 EAST KING STREET QUINCY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP.	والمعارض المناسبة المستشارين والمستشارين	Chan	nge 🔲 Addition
TITLE NAME STREET ADDRESS	T WILLIAMS, PAUL GRAVES SOLOMON DAIRY RD QUINCY, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chan	nge 🗋 Addition
TITLE NAME STREET ADDRESS	V SUBER, HARVEY FLETCHER DR QUINCY, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Char	nge 🔲 Addition
STREET ADDRESS	D Coggins, Edward 115 South St Lake Park Ga	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	G	☐ Char	nge · 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Char	nge Addition
12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						

City