FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 30 AM 10: 19

DOCUMENT # 136062 (7)

1. Corporation Name
TUXEDO FRUIT COMPANY

Principal Place of Business	Mailing Address
1110 N 2ND STREET PO BOX 1017 FT PIERCE FL 34954	1110 N 2ND STREET PO BOX 1017 FT PIERCE FL 34954

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/31/1938
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-0488623 ☐ 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

SCOTTO, ANTHONY M.
1110 N 2ND STREET
FT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name: Scotto, John A.
82 Street Address (P.O. Box Number is Not Acceptable): 1110 N. 2nd St.
83:
84 City: Fort Pierce FL 85 Zip Code: 34950

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: [signature] JOHN A. SCOTTO 1/24/95
(Signature, typed or printed name of registered agent and date, as applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SCOTTO, ANTHONY M.	1.2 NAME	Scotto, Anthony M.	
STREET ADDRESS	1110 N 2ND ST	1.3 STREET ADDRESS	1110 N. 2nd St.	
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	V	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SCOTTO, JOHN A.	2.2 NAME	Scotto, John A.	
STREET ADDRESS	1110 N 2ND ST	2.3 STREET ADDRESS	1110 N. 2nd St.	
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	S	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	SCOTTO, DOMINICK A.	3.2 NAME	Scotto, Dominick A.	
STREET ADDRESS	1110 N 2ND ST	3.3 STREET ADDRESS	1110 N. 2nd St.	
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	TAS	4.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	SCOTTO, JOSEPH G.	4.2 NAME	Scotto, Joseph G.	
STREET ADDRESS	1110 N 2ND ST	4.3 STREET ADDRESS	1110 N. 2nd St.	
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	C	5.1 TITLE	T/D	☒ Change ☐ Addition
NAME	MOGAVERO, CARL T	5.2 NAME	Scotto, Anthony D.	
STREET ADDRESS	1110 N 2ND ST Retired	5.3 STREET ADDRESS	1110 N. 2nd St.	
CITY-ST-ZIP	FT PIERCE, FL 00000	5.4 CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	AC	6.1 TITLE	C	☒ Change ☐ Addition
NAME	POHL, ALAN R.	6.2 NAME	Pohl, Alan R.	
STREET ADDRESS	1110 N 2ND ST	6.3 STREET ADDRESS	1110 N. 2nd St.	
CITY-ST-ZIP	FT PIERCE FL	6.4 CITY-ST-ZIP	Ft. Pierce, FL 34950	

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: [signature] JOHN A. SCOTTO 1/24/95 407 464-0300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0403043 FP