

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

FILED  
Mar 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 285778 (7)  
1. Corporation Name  
RUSKIN VEGETABLE CORPORATION

Principal Place of Business  
5809 N. TAMiami TRAIL  
APOLLO BEACH FL 33572  
US

Mailing Address  
P.O. BOX 668  
RUSKIN FL 33570  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1964	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-0430666	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BUTLER, W.L.  
807 RUSSELL DRIVE  
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/24/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, WAYNE	
STREET ADDRESS	5128 BELL SHOALS RD.	
CITY-ST-ZIP	VALRICO FL	
TITLE	VDM	<input type="checkbox"/> DELETE
NAME	BUTLER, W.L.	
STREET ADDRESS	807 RUSSELL DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SLEIGHT, DON	
STREET ADDRESS	407 E. SHELL POINT DR	
CITY-ST-ZIP	RUSKIN FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	COUNCIL, MICHAEL D.	
STREET ADDRESS	W. LAKEVIEW DR.	
CITY-ST-ZIP	WIMAUMA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MOOSO, GALEN
5.3 STREET ADDRESS	1006 VENTANA DR
5.4 CITY-ST-ZIP	RUSKIN, FL 33573
6.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FULLER, TERESSA
6.3 STREET ADDRESS	4722 LIGHTWOOD WAY
6.4 CITY-ST-ZIP	VALRICO, FL 33594

14. I 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:

W.L. Butler

W.L. Butler

2/24/98

813 645-3264

CP2E034 (10/97)