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Apr 01 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 # 303513 (6)

1. Corporation Name
TOMATO MAN INC

Principal Place of Business
NEW MARKET ROAD
STATE FARMERS MARKET
IMMOKALEE FL 33934

Mailing Address
PO BOX 310
IMMOKALEE FL 34143-0310
US



3. Date incorporated or Qualified 03/28/1966
3a. Date of Last Report 02/16/1996

2. Principal Place of Business
21 State Farmers Mkt
2a. Mailing Address
26 PO Box 3266

Suite, Apt. #, etc.
22 New Market Rd unit 10
27 Suite, Apt. #, etc.

City & State
23 Immokalee FL
28 City & State

Zip
24 34142
25 Country
29 Zip
30 Country

4. FEI Number 59-1116806
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

O'QUINN, JAMES
NEW MARKET RD
IMMOKALEE FL 33934

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	O'QUINN, JAMES W.	NEW MARKET RD.	IMMOKALEE, FL 00000
STD	O'QUINN, APRIL	NEW MARKET RD	IMMOKALEE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP

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 # _____

CR2E034 (9/96)