

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 317143 (6)

1. Corporation Name

D & J TOMATO COMPANY



Principal Place of Business

3360 BAILEY ROAD
MULBERRY FL 33860-9436

Mailing Address

3360 BAILEY ROAD
MULBERRY FL 33860-9436

3. Date Incorporated or Qualified
05/25/1967

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
59-1197600

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

JOHNSON, ERIC J.
3360 BAILEY ROAD
MULBERRY FL 33860

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ERIC J	
STREET ADDRESS	3360 BAILEY ROAD	
CITY - ST - ZIP	MULBERRY FL 33860	
TITLE	SR.V	<input type="checkbox"/> DELETE
NAME	JOHNSON, ARON L	
STREET ADDRESS	3902 LEVINS ROAD	
CITY - ST - ZIP	MULBERRY FL 33860	
TITLE	EX.V	<input type="checkbox"/> DELETE
NAME	JOHNSON, DAVID E	
STREET ADDRESS	3904 LEVINS ROAD	
CITY - ST - ZIP	MULBERRY FL 33860	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JANET D	
STREET ADDRESS	3900 LEVINS ROAD	
CITY - ST - ZIP	MULBERRY FL 33860	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	JOHNSON, EDDIE R	
STREET ADDRESS	3040 BAILEY ROAD	
CITY - ST - ZIP	MULBERRY FL 33860	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JOHNSON, RUTH H	
STREET ADDRESS	3360 BAILEY ROAD	
CITY - ST - ZIP	MULBERRY FL 33860	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" 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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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

4-2-96 813-425-2195

Date

Daytime Phone #

CR2E034 (12/95)