2308 FOR PROFIT CORPORATION

Apr 07, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #410798** 04-07-2008 90040 035 ***150.00 1. Entity Name TOMATOES OF RUSKIN INC. 40060640 Principal Place of Business Mailing Address ATTN: FRANK 1. DIEHL ATTN: FRANK I. DIEHL P.O. BOX 306 P.O. BOX 306 RUSKIN, FL 33575 RUSKIN, FL 33575 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1452619 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired -= Fee Required... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIEHL, FRANK Street Address (P.O. Box Number is Not Acceptable) 202 11TH AVE NW RUSKIN, FL 33570 City Zip Code Fi 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 applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDC TITLE ☐ Delete Vice President Addition TITLE ☐ Change DIEHL, FRANK I NAME NAME Edward L. Dickman 1ST STREET & 11TH AVE STREET ADDRESS STREET ADDRESS 202 11th are NW CITY-ST-ZIP RUSKIN, FL CITY-ST-ZIP Ruskyn A 33575 VSTD TITLE ☐ Delete TITLE Addition ☐ Change DICKMAN, GLENN K NAME NAME STREET ADDRESS 1ST STREET & 11TH AVE. STREET ADDRESS CITY-ST-7IP RUSKIN, FL CITY-ST-ZIP TITLE Addition **Delete** TITL F ☐ Change GRAINGER, JAMES R NAME NAME **1ST STREET E 11TH AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RUSKIN, FL CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or 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 attactment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Frank 813 645 6431 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF