

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 438386 (5)**

1. Corporation Name

**WEST COAST TOMATO, INC.**



Principal Place of Business

Mailing Address

**530 - 5TH AVENUE DRIVE WEST  
P.O. BOX 936  
PALMETTO FL 34220**

**530 - 5TH AVENUE DRIVE WEST  
P.O. BOX 936  
PALMETTO FL 34220**

3. Date Incorporated or Qualified **10/17/1973** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1498535		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

**DURYE, DUANE E.  
2808 104TH AVENUE, EAST  
PARRISH 34219**

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 due to first filing date)

(NOTE: Registered Agent's signature is required when first filing date)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLURE, DANIEL P.			1.2 NAME			
STREET ADDRESS	4820 RIVERVIEW BLVD. W			1.3 STREET ADDRESS			
CITY- ST- ZIP	BRADENTON FL			1.4 CITY- ST- ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLURE, CORRINE			2.2 NAME			
STREET ADDRESS	4820 RIVERVIEW BLVD. W			2.3 STREET ADDRESS			
CITY- ST- ZIP	BRADENTON FL			2.4 CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLURE, DANIEL P.			3.2 NAME			
STREET ADDRESS	4820 RIVERVIEW BLVD. W.			3.3 STREET ADDRESS			
CITY- ST- ZIP	BRADENTON FL			3.4 CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLURE, CORRINE			4.2 NAME			
STREET ADDRESS	4820 RIVERVIEW BLVD. W			4.3 STREET ADDRESS			
CITY- ST- ZIP	BRADENTON FL			4.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY- ST- ZIP				5.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY- ST- ZIP				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 on an attachment with an address.

**SIGNATURE:** *[Signature]* **DAN P. MCCLURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-16-96**

**941-722-1545**

DATE

Daytime Phone #

CR2E034 (12/95)