

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

FILED

Feb 28 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 446999

(5)

1. Corporation Name

J.W. JOHNSON TOMATO CO., INC.

Principal Place of Business

601 N.E. 2ND STREET
POMPANO BEACH FL 33061
US

Mailing Address

601 N.E. 2ND STREET
POMPANO BEACH FL 33060-6311
US

2. Principal Place of Business

21 1255 W. Atlantic Blvd.
Suite, Apt. #, etc.

22 A15

City & State

23 Pompano Beach, FL

Zip

24 33069

Country

25 USA

2a. Mailing Address

26 P.O. Box 1123
Suite, Apt. #, etc.

27

City & State

28 Pompano Beach, FL

Zip

29 33061

Country

30 USA

3. Date Incorporated or Qualified

02/27/1974

3a. Date of Last Report

02/27/1996

4. FEI Number

59-1506300

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

JOHNSON, JOHN W. SR.
601 NE SECOND ST.
POMPANO BEACH FL

10. Name and Address of New Registered Agent

81 Name

JOHNSON, CLAIRE B.

82

Street Address (P.O. Box Number is Not Acceptable)

1401 S.W. 15th Street

83

Boca Raton, FL

33486

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

Claire B. Johnson

Claire B. Johnson

2/25/97

Signature of typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME JOHNSON, (JOHN W.) SR
STREET ADDRESS 601 NE 2ND STREET
CITY-ST-ZIP POMPANO BEACH FL
☒ DELETETITLE VP
NAME JOHNSON, JOHN W. JR.
STREET ADDRESS 601 NE 2ND ST.
CITY-ST-ZIP POMPANO BEACH FL
☒ DELETETITLE STD
NAME JOHNSON, JULIA D.
STREET ADDRESS 601 NE 2ND STREET
CITY-ST-ZIP POMPANO BEACH FL
☒ DELETETITLE D
NAME JOHNSON, CLAIRE
STREET ADDRESS 601 N.E. 2ND STREET
CITY-ST-ZIP POMPANO BEACH FL
☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR/PRESIDENT
1.2 NAME JOHNSON, (JOHN W.) JR.
1.3 STREET ADDRESS 1401 S.W. 15th Street
1.4 CITY-ST-ZIP Boca Raton, FL 33486
☒ Change ☐ Addition2.1 TITLE DIRECTOR/VICE PRESIDENT
2.2 NAME JOHNSON, (CLAIRE B.)
2.3 STREET ADDRESS 1401 S.W. 15th Street
2.4 CITY-ST-ZIP Boca Raton, FL 33486
☒ Change ☐ Addition
Secretary/Treas.3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Claire B. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

954.946.
6588