

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****DOCUMENT # 478048****(2)**

1. Corporation Name

COASTAL TOMATO GROWERS, INC.**95 MAY 16 AM 8:15****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**15000 OLD U.S. 41 NORTH
NAPLES FL 33963**

Mailing Address

**15000 OLD U.S. 41 NORTH
NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/17/1975

3a. Date of Last Report

01/28/1994

4. FEI Number

59-1605709

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

23

Country

Zip

28

Country

29

9. Name and Address of Current Registered Agent

**NICHOLS, B. CLARKE
2660 AIRPORT ROAD
NAPLES FL 33940**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME TURNER, CHARLES R.
STREET ADDRESS 6516 THOMAS JEFFERSON CT
CITY - ST - ZIP NAPLES, FL 33940****TITLE VPD
NAME GARGIULO, JEFFREY D.
STREET ADDRESS 1442 GALLEON DRIVE
CITY - ST - ZIP NAPLES, FL 33940****TITLE SD
NAME MANLEY, KENT
STREET ADDRESS 88 RIDGE DRIVE
CITY - ST - ZIP NAPLES, FL 33940****TITLE TD
NAME POKLEMB, STEPHEN
STREET ADDRESS 59 BANYAN ROAD
CITY - ST - ZIP NAPLES, FL 33940****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**2.1 TITLE** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**3.1 TITLE** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**4.1 TITLE** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**5.1 TITLE** ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**6.1 TITLE** ☐ Change ☐ 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 110.07(3)(b), 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:

Stephen A. Poklemba (Stephen A. Poklemba)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**5/10/95 813-597-3131**
Date (Type or Print)