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 # **478048** **(2)**

1. Corporation Name
COASTAL TOMATO GROWERS, INC.

Principal Place of Business
15000 OLD U.S. 41 NORTH
NAPLES FL 33963

Mailing Address
15000 OLD U.S. 41 NORTH
NAPLES FL 33963

3. Date Incorporated or Qualified: **06/17/1975**
3a. Date of Last Report: **05/16/1995**
4. FEI Number: **59-1605709** [ ] 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21 Street Apt. #, etc.
22 City & State
23 Zip
24 25 Country

2a. Mailing Address
26 Street Address
27 City & State
28 Zip
29 30 Country

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 ... 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 ... I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of s. 607.0505.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	TURNER, CHARLES R.	
STREET ADDRESS	6516 THOMAS JEFFERSON CT	
CITY-ST-ZIP	NAPLES, FL 33940	
TITLE	VPD	[ ] DELETE
NAME	GARGIULO, JEFFREY D.	
STREET ADDRESS	1442 GALLEON DRIVE	
CITY-ST-ZIP	NAPLES, FL 33940	
TITLE	SD	[ ] DELETE
NAME	MANLEY, KENT	
STREET ADDRESS	86 RIDGE DRIVE	
CITY-ST-ZIP	NAPLES, FL 33940	
TITLE	TD	[ ] DELETE
NAME	POKLEMBA, STEPHEN	
STREET ADDRESS	59 BANYAN ROAD	
CITY-ST-ZIP	NAPLES, FL 33940	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (12/95)

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen A. Poklemba [signature] 4-9-96 941-597-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #