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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 34110-8415

2. Principal Place of Business

21 2744 Edison Ave

Suite, Apt. #, etc.

22 Unit #7

City & State

23 Fort Myers, FLA

Zip

24 33916

Country

25 USA

2a. Mailing Address

26 2744 Edison Ave

Suite, Apt. #, etc.

27 Unit #7

City & State

28 Fort Myers, FLA

Zip

29 33916

Country

30 USA

3. Date Incorporated or Qualified

06/17/1975

3a. Date of Last Report

04/15/1996

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NICHOLS, B. CLARKE
2680 AIRPORT ROAD
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

Stephen A. Poklenba

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

59 BANYAN ROAD

83

84 City

NAPLES, Florida

FL

85 Zip Code

34108

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 607.0605, Florida Statutes.

SIGNATURE

Stephen A. Poklenba

Signature (Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when reinstalling)

DATE

4/4/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TURNER, CHARLES R.
STREET ADDRESS 6516 THOMAS JEFFERSON CT
CITY-ST-ZIP NAPLES, FL 33940 ☐ DELETE

TITLE VPD
NAME GARGIULO, JEFFREY D.
STREET ADDRESS 1442 GALLEON DRIVE
CITY-ST-ZIP NAPLES, FL 33940 ☐ DELETE

TITLE SD
NAME MANLEY, KENT
STREET ADDRESS 86 RIDGE DRIVE
CITY-ST-ZIP NAPLES, FL 33940 ☐ DELETE

TITLE TD
NAME POKLENBA, STEPHEN
STREET ADDRESS 59 BANYAN ROAD
CITY-ST-ZIP NAPLES, FL 33940 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97 941-332-1966

Date

Daytime Phone #

CR2E034 (9/96)