PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 663385

1. Corporation Name

HERMAN WALKER TOMATO COMPANY, INC.

Principal Place of Busines
P O BOX DRAWER 308
HOMESTEAD FL 33030

Mailing Address

P O BOX DRAWER 308 HOMESTEAD FL 33030

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90074 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

12/28/1979

Suite, Apt. #, etc. 2 27 50. 27	2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied Fo	or	
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City & State City & State 28 Country 2p C	Suite, Apt.	#, etc.	├ ─		E Contifocto of Status Decised		
Added to Fees Trust Fund Contribution	City & State	a			6 Election Campaign Financing \$5.00 May 8		
Zip Country Zip Country Zip Country Zip Country State Country State Country Zip State Zip Zi	,		<u></u>				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Runs and Address of New Registered Agent 12. Street Address (P.C. Box Number is Not Acceptable) 13.10 N. KZORE AVENUE 13.10 N.	23 ∤ Zin	Country		Country			
9. Name and Address of Current Registered Agent TILSON, THOMAS, A. ESQUIRE 48 N.E. IS STREET, SECOND FL. HOMESTEAD 330300 11. Pursuant to the provipings of Sections 607,0502 and 607,1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am namilal soft and accept the obligations of Spotion 97,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am namilal soft and accept the obligations of Spotion 97,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am namilal soft and accept the obligations of Spotion 97,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am namilal soft and accept the obligations of Spotion 97,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am namilal soft and accept the obligations of Spotion 97,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am namilal soft and accept the obligations of Spotion 97,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am namilal soft and accept the objective of the application of the corporation submits this statement for the purpose of changing its registered agent. I am namilal soft and accept the objective of the application of the purpose of changing its registered agent. I am namilal soft and accept the purpose of changing its registered agent. I am namilal soft and accept the purpose of changing its registered agent. I am namilal soft and accept the purpose of changing its registered agent. I am namilal soft and accept the purpose of changing its registered agent. I am namilal soft and accept the purpose of changing its registered		´		่ โ			
TILSON, THOMAS, A. ESOUIRE 48 N.E. 15 STREET. SECOND FL. HOMESTEAD 330300 42 City FL	24			1	10. Name and Address of New Registered Agent		
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HOMESTEAD 33030 Bat City Charge City				82 Street Address (P.O. Box Number is Not Acceptable)			
But City FL St Zip Code 330.3 0					310 N. Krome Avenue	 i	
11. Pursuant to the proviping 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 of shift 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 of other corporation submits this statement for the purpose of changing its registered object. I am familiar work and accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 ITIME BOREK, ROBERT K. 23550 S.W. 153 AVENUE 135TREET ADDRESS CITY-ST-ZP HOMESTEAD FL 224NWE BUCHANAN, NINSTON BOREK, JOSEPH E. JR. 23 STREET ADDRESS CITY-ST-ZP STD STD STREET ADDRESS CITY-ST-ZP HOMESTEAD FL 107-ST-ZP STD STREET ADDRESS CITY-ST-ZP HOMESTEAD FL 107-ST-ZP TITLE DELETE 11TILE DELETE 11TILE DELETE 11TILE STD STD STREET ADDRESS CITY-ST-ZP HOMESTEAD FL 12 NAME 13 STREET ADDRESS CITY-ST-ZP HOMESTEAD FL 14 LITY-ST-ZP HOMESTEAD FL 15 LITY-ST-ZP HOMESTEAD FL 16 LITY-ST-ZP HOMESTEAD FL 17 LITY-ST-ZP HOMESTEAD FL 18 LITY-ST-ZP HOMESTEAD FL 19 S25 S.W. 248 th Street 19 S26 S.W. 248 th Street 19 S26 S.W. 248 th Street 19 S26 S.W. 248 th Street 19 S27 S.W. 248 th Street 19 S26 S.W. 248 th Street 19 S26 S.W. 248 th Street 19 S27 S.W. 248 th Street 19 S26 S.W.	7104	LOTEAD SOUR		83			
11. Pursuant to the proviping of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agriculture or obtoh in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agreed. I am familiar value and accept the obligations of, Saction 607 0505, Florida Statutes. SIGNATURE C					omestead FL 33030	0	
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12.	agent. I ai			a Statutes.	tern Harri 1-15-99)	
12.	SIGNATURE		, <u>, , , , , , , , , , , , , , , , , , </u>	egistered Agent signatur	ure required when reinstating) DATE	-	
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indicated on this annual report or supplies with all smill globs for quality for the exemption stated in Section 1.9.07(5)(f), Florida Statutes. I further certify that I are informational report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are 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, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 246-1700