HOMESTEAD TOMATO CO-OP Continue	NONF CORPC ANNUAL	PROFIT PRATION REPORT PROFIT	FLO	ORIDA DEPARTM Sandra B. M Secretary C DIVISION OF COR	IENT OF STATE fortham of State			
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2. Principal Place of Business 28. Mailing Address 28. Suite. Apt. #, etc. Suite. Apt.						Date Incorporated or Qualified		
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City & State 20	Suite, Apt. #,	elc.		Apt. #, etc.		5. Certificate of Status Desired		Fee Required
Zop Country Zop Country Zop Country State components Selection Selection Type No. Name and Address of Current Registered Agent State Country State	City & State		City &	State		Trust Fund Contribution		Added to Fees
9. Name and Address of Current Registered Agent STRANO,ROSARIO 28350 S.W. 182 AVE. HOMESTEAD FL 33034 62 Sireet Address (P.O. Box Number is Not Acceptable) 63 Veries Address (P.O. Box Number is Not Acceptable) 64 City FL 65 Sireet Address (P.O. Box Number is Not Acceptable) 65 Veries Address (P.O. Box Number is Not Acceptable) 66 Veries Address (P.O. Box Number is Not Acceptable) 67 Veries Address (P.O. Box Number is Not Acceptable) 68 Sireet Address (P.O. Box Number is Not Acceptable) 69 Veries Address (P.O. Box Number is Not Acceptable) 69 Veries Address (P.O. Box Number is Not Acceptable) 69 Veries Address (P.O. Box Number is Not Acceptable) 60 Veries Address (P.O. Box Number is Not Acceptable) 60 Veries Address (P.O. Box Number is Not Acceptable) 60 Veries Address (P.O. Box Number is Not Acceptable) 60 Veries Address (P.O. Box Number is Not Acceptable) 60 Veries Address (P.O. Box Number is Not Acceptable) 61 Veries Address (P.O. Box Number is Not Acceptable) 62 Veries Address (P.O. Box Number is Not Acceptable) 63 Veries Address (P.O. Box Number is Not Acceptable) 64 Very Veries Address (P.O. Box Number is Not Acceptable) 65 Veries Address (P.O. Box Number is Not Acceptable) 65 Veries Address (P.O. Box Number is Not Acceptable) 65 Veries Address (P.O. Box Number is Not Acceptable) 65 Veries Address (P.O. Box Number is Not Acceptable) 65 Veries Address (P.O. Box Number is Not Acceptable) 65 Veries Address (P.O. Box Number is Not Acceptable) 66 Veries Address (P.O. Box Number is Not Acceptable) 67 Veries Address (P.O. Box Number is Not Acceptable) 68 Veries Address (P.O. Box Number is Not Acceptable) 68 Veries Address (P.O. Box Number is Not Acceptable) 69 Veries Address (P.O. Box Number is Not Acceptable) 60 Veries Address (P.O. Box Number is Not Acceptable) 60 Veries Address (P.O. Box Number is Not Acceptable) 60 Veries Address (P.O. Box Number is Not Acceptable) 61 Veries Address (P.O. Box Number is Not Acceptable) 62 Veries Address (P.O. Box Number is Not Acceptable)	Zıp	Country	Ζιρ					
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14. Lo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(R). Finited actually 14. The hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(R). Finited actually 14. The hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(R). Finited actually 14. The hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(R). Finited actually 14. The hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(R). Finited actually 14. The hereby certification is a section 119.07(3) (R) and the hereby certification is a section 119.07(3) (R).	1. Pursuant to office or reg agent. I am signature \(\frac{1}{5} \) 12. ITLE	in the provisions of Sections 617.050 pistered agent, or both, in the State familiar with, and accept the oblig operations of the state	gations of, Sections of Sections of Sections	ON 617.0503, Flor DELETE DELETE DELETE DELETE DELETE	s, the above-named correctionized by the corporation idea Statutes. Registered Agent signature required by the corporation idea Statutes. 13. 1.1 Tifle 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 6.2 NAME	was when reinstahnd	ourpose of control the appoint	changing its registered nament as registered DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition
14. I do hereby certify that the information supplied with the language report or supplemental annual report is true and accurate and that my signature shall have the same regardless a 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 report or supplemental annual report is true and accurate and that my signature shall have the same report or supplemental annual report is true and accurate and that my signature shall have the same report or supplemental annual report is true and accurate and that my signature shall have the same report or supplemental annual report is true and accurate and that my signature shall have the same report or supplemental annual report is true and accurate and that my signature shall have the same report or supplemental annual report is true and accurate and that my signature shall have the same report or supplemental annual report is true and accurate and that my signature shall have the same report or supplemental annual report is true and accurate and that my signature shall have the same report or supplemental annual report is true and accurate and that my signature shall have the same report or supplemental annual report is true and accurate and that my signature shall have the same report or supplemental annual report is true and accurate and that my signature shall have the same report or supplemental annual report is true and accurate and that my signature shall have the same report or supplemental annual report or supplemen	1. Pursuant to office or regagent. I am signature [2.] ITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	the provisions of Sections 617.050 jistered agent, or both, in the State familiar with, and accept the oblig OFFICERS AN PD STRANO,ROSARIO 26350 S.W. 182ND AVE. HOMESTEAD FL D LECLERCQ, ERNEST 2624 EAST 21ST CT. HOMESTEAD FL D ERNST, PHYLLIS 29451 SW 180 AVE HOMESTEAD FL 33030	pations of, Sections of Sectin	DELETE DELETE DELETE DELETE DELETE	s, the above-named correctionized by the corporation idea Statutes. Registered Agent signature required by the corporation idea Statutes. 13. 1.1 Title 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 DITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	ared when reinstahing) ADDITIONS/CHANGES TO OF F	DATE ICERS AND	changing its registered nament as registered DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition