

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399

DOCUMENT # **H50442**

(3)

1. Corporation Name

BUSBEE TOMATO COMPANY, INC.

Principal Place of Business

P. O. BOX 2515
PENSACOLA FL 32513

Mailing Address

P. O. BOX 2515
PENSACOLA FL 32513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/03/1985** 3a. Date of Last Report **05/24/1994**

4. FEI Number **59-2476591** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing True Fund Contribution ☒ **\$5.00 May Be Added to Fees**

7. This corporation is also required to file reports under Chapter 607, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BUSBEE, W. CLYDE
136 SIGUENZA DR.
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Section 607.01, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this state. The change(s) being authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the responsibilities of this position under Florida Statutes.

SIGNATURE

Signature of Registered Agent (Typed Name of Registered Agent) Signature of Officer or Director (Typed Name of Officer or Director)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

OFFICER	PD
NAME	BUSBEE, W. CLYDE
STREET ADDRESS	136 SIGUENZA DR.
CITY	GULF BREEZE FL 32561
OFFICER	VD
NAME	BUSBEE, TERRY D
STREET ADDRESS	1963 SUMMIT BLVD.
CITY	PENSACOLA FL 32503
OFFICER	VD
NAME	BUSBEE, STEVE J
STREET ADDRESS	136 SIGUENZA DR.
CITY	GULF BREEZE FL 32561
OFFICER	ST
NAME	BUSBEE, JAN B
STREET ADDRESS	136 SIGUENZA DR.
CITY	GULF BREEZE FL 32561
OFFICER	
NAME	
STREET ADDRESS	
CITY	
OFFICER	
NAME	
STREET ADDRESS	
CITY	

OFFICER		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY		
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OFFICER		☐ Change ☐ Addition
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STREET ADDRESS		
CITY		

14. I do hereby certify that the information supplied with this report is accurately furnished and does not comply for the compliance stated in Section 607.01(1)(b), Florida Statutes. I further certify that the information is based on the annual report or supplemental annual report, 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or as an attachment with an address.

SIGNATURE: *W. Clyde Busbee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
W. CLYDE BUSBEE

4/24/95 904-434-5519
Date Time