

**SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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**

3. Date Incorporated or Qualified: **04/03/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2476591**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip
24 Country
2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip
29 Country
30

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 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Print Name of Registered Agent) _____ (Print Name of Registered Agent)
Date: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUSBEE, W. CLYDE	
STREET ADDRESS	136 SIGUENZA DR.	
CITY - ST - ZIP	GULF BREEZE FL 32561	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUSBEE, TERRY D	
STREET ADDRESS	1963 SUMMIT BLVD.	
CITY - ST - ZIP	PENSACOLA FL 32503	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUSBEE, STEVE J	
STREET ADDRESS	136 SIGUENZA DR.	
CITY - ST - ZIP	GULF BREEZE FL 32561	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BUSBEE, JAN B	
STREET ADDRESS	136 SIGUENZA DR.	
CITY - ST - ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *W. Clyde Busbee* PRES- **6/20/96 - 904-434-5519**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)