FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT 1002**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998	Y-7	ary of State CORPORATIONS	Secretary of State
DOCUMENT # LOO347 1. Corporation Name CLASSIE TOMATO, INC.	(9)		. 1884811
Principal Place of Business	Mailing Address		1 10011511 111 00111 00101 1111 1121 112
1511 24TH AVE E PALMETTO FL 34220	PO BOX 1787 BRADENTON FL 34206		
US	US		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
2. Principal Place of Business	2a. Mailing Address		07/03/1989 4. FEI Number Applied For
21	26 Walling Address		4. FEI Number Applied For Not Applied For Not Applicab
Suite, Apt. #, etc.	Suite, Apt. ₩, etc.		\$9.75 Additional
22	27		5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25 9. Name and Address of Current	Pagistered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
MCGUIRE AND PARRY	Trogiotoroa Pigotic	81 Name	IV. Hame also Assessed of from Hogisteres Agent
1001 THIRD AVENUE WEST BRADENTON FL 34205		62 Street	Address (P.O. Box Number is Not Acceptable)
		84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502	and 607 1508, Florida Statu	tes, the above-named	corporation submits this statement for the purpose of changing its registered
agent. I am familiar with, and accept the obligation	it Florida. Such <mark>change w</mark> as ions of, Section <mark>607.0505, F</mark> l	authorized by the corp lorida Statutes.	poration's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligati SIGNATURE	ions of, Section 607.0505, Fl	orida Statutes.	
agent. I am familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of try/stered agreet.	and title 4 applicable (NO	orida Statutes. If: Registered Agent signature	e required when reinsteting) DATE
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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.

FILED

May 15 1998 8:00am