1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N37643

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90119 010 ****61.25

GADSDI	EN COUNTY TOMATO GROV	VERS ASSOCIATION, I	NC.			•				
Principal Place of Business Mailing Address 2140 W. JEFFERSON ST. 2140 W JEFFERSON STREET OUINCY FL 32351 QUINCY FL 32351 US US			 ET							
2. Principal P	lace of Business	2a. Mailing Address					Date Incorporated or Qualif 04/12/1990	fed		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					FEI Number 59-2901686		<u> </u>	plied For t Applicable
City & Stat	te	City & State				5. (Certificate of Status Desired	, 🗅	\$8.75 A	dditional
Zip	Country	Zip	Cour	itry			Election Campaign Financia	ng 🖂	\$5.00	May Be
24	25		30				Frust Fund Contribution Name and Address of Ne	w Donietorod	Added to	o Fees
	9. Name and Address of Current	Registered Agent		81 Name		10.	Name and Address of Ne	w vedistelen	Wilguit	
CASTRO,						s (P.	O. Box Number is Not Acce	eptable)		
2140 W. J Quincy F	Jefferson Street Fl 32351			83					<u>,, </u>	
			ļ	84 City				·FL	85 Zip C	ì
11. Pursuant office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligati	and 617.1508, Florida Statute f Florida. Such change was au	s, the at	ove-named by the corp	corpora coration's	tion s boa	submits this statement for ard of directors. I hereby ac	the purpose of scept the appoi	changing its	registered gistered
l anentia	am familiar with, and accept th <u>e oblig</u> ation	ons of, Section 617.0503, Fior	ida Statu	tes.						'_ I
		Ben Castr	10,	Treas				2/9/99	, ·	, ,
SIGNATURE	Signature, typed or printed name of registered agent	Ben Castr and title if applicable. (NOTE:)	Registered	Treas	•	hen rei	nstating)	2/9/99 DATE)	
SIGNATURE	the Cas P	Ben Castr and the if applicable. (NOTE: DIRECTORS	Registered .	Treas	•	hen rei		2/9/99 DATE	D DIRECTO	R\$ IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	Ben Castr and title if applicable. (NOTE:)	Registered 13.	Treas	•	hen rei	nstating)	2/9/99 DATE)	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P MAXWELL, WILL	Ben Castr and the if applicable. (NOTE: DIRECTORS	13. 1.1 TIT	Treas Agent signature	required wh	hen rei	nstating)	2/9/99 DATE	D DIRECTO	R\$ IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P MAXWELL, WILL 218 W GRAVES ST	Ben Castr and the if applicable. (NOTE: DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	Treas Agent signature E REET ADDRESS	required wh	hen rei	nstating)	2/9/99 DATE	D DIRECTO	R\$ IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P MAXWELL, WILL 218 W GRAVES ST QUINCY FL	Ben Castr and title if applicable. (NOTE: DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	Treas Agent signature E REET ADDRESS Y-ST-ZIP	required wh	hen rei	nstating)	2/9/99 DATE) ID DIRECTOI Change	RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

URED Ben Castro, Treas.

2/9/99