


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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000013191 (8)					
1. Corporation Name ISLAND TROPICAL FARMS, INC.					
Principal Place of Business 525 CHASE HAMMOCK RD. MERRITT ISLAND FL 32953			Mailing Address 525 CHASE HAMMOCK RD. MERRITT ISLAND FL 32953		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3296678	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WILLIS, MERRY R 5602 N. 50TH ST. TAMPA FL				10. Name and Address of New Registered Agent	
				81 Name DELMAS R. ELLIS	
				82 Street Address (P.O. Box Number is Not Acceptable) 525 CHASE HAMMOCK RD	
				83	
				84 City MERRITT ISLAND	85 Zip Code 32953
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 Delmas R. Ellis Signature, typed or printed name of registered agent and title if applicable.				DATE 1-8-98 (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, DELMAS R			1.2 NAME	
STREET ADDRESS	525 CHASE HAMMOCK RD.			1.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL 32953			1.4 CITY - ST - ZIP	
TITLE	DST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, OMMIE J			2.2 NAME	
STREET ADDRESS	525 CHASE HAMMOCK RD.			2.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL 32953			2.4 CITY - ST - ZIP	
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS, GARY K			3.2 NAME	
STREET ADDRESS	5775 N. TROPICAL TRAIL			3.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL 32953			3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY - ST - ZIP				4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY - ST - ZIP				5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP				6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Delmas R. Ellis President

1-8-98

407-452-2244

CR2E034 (10/97)