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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000020576 (0)**

1. Corporation Name
GENE'S TOMATOES, INC.

Principal Place of Business
~~7612 B ELLIS RD~~ 835 PAW PRINTS RD.
MELBOURNE FL 32904

Mailing Address
~~7612 B ELLIS RD~~ 835 PAW PRINTS RD
MELBOURNE FL 32904-~~0141~~

3. Date Incorporated or Qualified: 03/04/1996
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 835 PAW PRINTS RD
City & State: 23 MELBOURNE FL
Zip: 24 32904 Country: 25 Brevard

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 835 PAW PRINTS RD
City & State: 28 MELBOURNE, FL
Zip: 29 32904 Country: 30 Brevard

4. FEI Number: 59-3363402 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
POWELL, EUGENE JR
~~7612 B ELLIS RD~~
MELBOURNE FL 32904

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 835 PAW PRINTS RD
83
84 City: FL 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	POWELL, EUGENE JR	
STREET ADDRESS	~~6441 BETH LN~~	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	DV	☐ DELETE
NAME	MIDDLETON, ANN	
STREET ADDRESS	4375 YORKSHIRE DR	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DS	☐ DELETE
NAME	POWELL, ALBERT	
STREET ADDRESS	~~200 CAMINO PL~~	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	835 PAW PRINTS RD	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	2770 CARIBBEAN Isle Blvd #911	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Eugene Powell 3-26-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #