

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000075305**

1. Corporation Name

LUCAS TOMATOES OF GEORGIA, INC.

Principal Place of Business
**2801 E. HILLSBOROUGH AVE.
TAMPA FL 33610**

Mailing Address
**P O BOX 11115
TAMPA FL 33680
US**

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90208 046 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1997

4. FEI Number

59-3466271

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GRIZZAFFE, CHARLIE V
2801 EAST HILLSBOROUGH AVENUE
TAMPA FL 33610**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

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	PD	☐ DELETE
NAME	GRIZZAFFE, CHARLIE V	
STREET ADDRESS	2801 E. HILLSBOROUGH AVE.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VD	☐ DELETE
NAME	GRIZZAFFE, JOHN T	
STREET ADDRESS	2801 E. HILLSBOROUGH AVE.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	☐ DELETE
NAME	GUIDA, JAMES T	
STREET ADDRESS	2801 E. HILLSBOROUGH AVE.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	STD	☐ DELETE
NAME	FLEMING, VIRGINIA G	
STREET ADDRESS	2801 E. HILLSBOROUGH AVE.	
CITY-ST-ZIP	TAMPA FL 33610	
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	
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	
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	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

(813)2344425

Daytime Phone #

CR2E034 (11/98)