

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90073 039 ***158.75

DOCUMENT # P98000000981

1. Corporation Name
JON'S TOMATOES, INC.

Principal Place of Business
3160 W BEAVER ST
JACKSONVILLE FL 32254

Mailing Address
3160 W BEAVER ST
JACKSONVILLE FL 32254

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1998

4. FEI Number

59-3486822

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 ☒

2. Principal Place of Business

21 3160 W Beaver St

Suite, Apt. #, etc.

22 City & State

23 Jacksonville FL

24 Zip 32254 25 Country

2a. Mailing Address

26 3160 W Beaver St

Suite, Apt. #, etc.

27 City & State

28 Jacksonville FL

29 Zip 32254 30 Country

9. Name and Address of Current Registered Agent

ALEXANDER, STEPHEN J ESQ.
162 SAN MARCO AVE, STE 4
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

Alexander, Stephen J ESQ

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

162 San Marco Ave, STE 4

83

84 City

St. Aug.

FL

85 Zip Code

32084

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	<input type="checkbox"/> DELETE
NAME	WASSON, JONATHAN L	
STREET ADDRESS	3090 LEWIS SPEEDWAY	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WASSON, WALTER S	
STREET ADDRESS	3090 LEWIS SPEEDWAY	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wasson, Jonathan L	
1.3 STREET ADDRESS	110 Wood Crest Dr. #123	
1.4 CITY-ST-ZIP	St. Aug. FL 32095	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wasson, Walter S	
2.3 STREET ADDRESS	3090 Lewis Speedway	
2.4 CITY-ST-ZIP	St. Aug. FL 32095	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-99 904.384.5539

CR2E034 (1/1/98)