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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:38

DOCUMENT # **S40251** **(8)**

1. Corporation Name
TOMATOES UNLIMITED INC.

Principal Place of Business	Mailing Address
~~4212 N. 15TH ST.~~ ~~4605 COUNTY RD. 951 SOUTH~~ IMMOKALEE FL 33934 US	% JAMES C. STEWART, JR. IMMOKALEE FL 33934 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/25/1991
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21 2702 LAKE TRAFFORD Rd.
22 Suite, Apt. #, etc.
23 IMMOKALEE FL
24 Zip 33934 25 Country USA

2a. Mailing Address
26 P.O. Box 5042
27 Suite, Apt. #, etc.
28 IMMOKALEE, FL
29 Zip 33934 30 Country USA

4. FEI Number: 65-0248548 ☐ 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

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

9. Name and Address of Current Registered Agent

STEWART, JAMES C., JR.
1805 COUNTY ROAD 951 SOUTH
GOLDEN GATE FL 33999

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HAND, JOHN K.	12 NAME	
STREET ADDRESS	P O BOX 7277 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LYONS, PAUL E.	22 NAME	
STREET ADDRESS	6241 14TH AVE. S.W.	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	HAND, JOHN K.	32 NAME	
STREET ADDRESS	6039 ADAMSVILLE RD	33 STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	LYONS, PAUL E.	42 NAME	
STREET ADDRESS	6241 14 AVE SW	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John K. Hand John K. Hand Pres. 4-11-95 813-657-5282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0461400 FP