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

SIGNATURE:

PROFIT Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)V33947 BONITA TOMATO GROWERS, INC. Principal Place of Business Mailing Address POST OFFICE BOX 309 POST OFFICE BOX 309 **BONITA SPRINGS FL 33959** BONITA SPRINGS FL 33959 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1992 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0332701 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Γ 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intangible 29B4133-0309 24 34133-0309 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GRANT, BILLY DON 27771 INDUSTRIAL STREET Street Address (P.O. Box Number is Not Acceptable) **BONITA SPRINGS FL 33923** 84 City 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 (NO1E: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE Addition Change PTD TITLE 11 TITLE GRANT, BILLY D MAME 1 2 NAME 27771 INDUSTRIAL STREET 1.3 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE HARVEY, FRED R. NAME 2.2 NAME 900 N. LOGAN BLVD. STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE WILLIAMS, PAUL G NAME 3.2 NAME P O BOX 1108 (218 N GRAVES ST) STREET ADDRESS 3.3 STREET ADDRESS **QUINCY FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE LEE, GEORGE R NAME 4.2 NAME P O BOX 1261 (302 4TH ST SW) STREET ADDRESS 4.3 STREET ADDRESS **ROSKIN FL** CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE 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 of 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 of the receiver of trustee en inowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachativit with an address

SIGNATURE:

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