

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V39759** (8)

1. Corporation Name

JO-BUCK TOMATO FARMS, INC.

Principal Place of Business

**23855 SW 182 AVE.
HOMESTEAD FL 33031
US**

Mailing Address

**P.O. BOX 4325
PRINCETON FL 33092
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/29/1992

3a. Date of Last Report
04/18/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

65-0336036

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 in Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**BUCHANAN WINSTON W SR
12845 SW 248TH ST
PRINCETON FL 33032**

10. Name and Address of New Registered Agent

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 607.1506, 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 (Type or printed name of registered agent and title if applicable)

(833) Registered Agent signature required when terminating.

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BUCHANAN, WINSTON W., SR.**
STREET ADDRESS **19525 SW 24 ST**
CITY, ST, ZIP **HOMESTEAD FL**

TITLE **D**
NAME **BOREK, JOSEPH E., JR.**
STREET ADDRESS **600 NE 14TH STREET**
CITY, ST, ZIP **HOMESTEAD FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS **19525 SW 248th St.**

14 CITY, ST, ZIP

33031

2. TITLE ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

33030

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Winston Buchanan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Winston Buchanan Pres 4/25/95

(305) 248-2200