

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

**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 JAN 31 AM 9:56

DOCUMENT # 186702

(7)

1. Corporation Name

EDWARDS GROVES, INC.

Principal Place of Business

**3220 NEW TAMPA HIGHWAY
P.O. BOX 1687
LAKELAND FL 33802**

Mailing Address

**3220 NEW TAMPA HIGHWAY
P.O. BOX 1687
LAKELAND FL 33802-1687
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/21/1955

3a. Date of Last Report

03/22/1994

4. FEI Number

59-0751354

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARDS, A.T.JR.
408 HOWARD AVENUE, APT E
LAKELAND, FL. 33801**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD
NAME EDWARDS JR, A T
STREET ADDRESS 408 HOWARD AVENUE, APT E
CITY-ST-ZIP LAKELAND FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**TITLE STD
NAME EDWARDS, RALPH R
STREET ADDRESS 522 WEST HUNTER
CITY-ST-ZIP LAKELAND FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**TITLE VD
NAME EDWARDS, JESSIE G.
STREET ADDRESS 4315 N. COMBEE RD
CITY-ST-ZIP LAKELAND FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I also hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

A.T. Edwards, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (A DIRECTOR)

A.T. Edwards, Jr. 1-26-95 813 682-8196

Date

Daytime Phone #