

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 PM 4:11

DOCUMENT # 229834 (7)

1. Corporation Name  
**POINSETTIA GROVES INC**

Principal Place of Business Mailing Address  
1481 8TH AVE. 1481 8TH AVE.  
VERO BEACH FL 32960 VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		11/04/1959	01/19/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-0882352	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		<input type="checkbox"/>	<input type="checkbox"/>
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUDSON, JOHN B 4726 PEBBLE BAY CIR. VERO BEACH FL 32963				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when first stated) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, JOHN B	12. NAME	
STREET ADDRESS	4726 PEBBLE BAY CIR	13. STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	14. CITY-ST-ZIP	32963
TITLE	STD	21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, E D	22. NAME	
STREET ADDRESS	4726 PEBBLE BAY CIR	23. STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	24. CITY-ST-ZIP	32963
TITLE	PD	31. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON JR, JOHN B	32. NAME	
STREET ADDRESS	4015 12TH PL SW	33. STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	34. CITY-ST-ZIP	32968
TITLE	D	41. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRIX, P.H.	42. NAME	
STREET ADDRESS	886 47TH AVE	43. STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	44. CITY-ST-ZIP	32962
TITLE	D	51. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, C	52. NAME	
STREET ADDRESS	4015 12TH PL, SW	53. STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	54. CITY-ST-ZIP	32968
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Susabeth D. Hudson 1/17/95 401/562/3356  
INITIALS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR