

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **229834** (7)

1. Corporation Name  
**POINSETTIA GROVES INC**



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

3. Date Incorporated or Qualified: **11/04/1959**  
3a. Date of Last Report: **01/20/1995**  
4. FEI Number: **59-0882352**  
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** 22. City & State: **23** 24. Zip: **24** 25. Country: **25**  
2a. Mailing Address: **26** 27. City & State: **27** 28. Zip: **29** 30. Country: **30**

9. Name and Address of Current Registered Agent

**HUDSON, JOHN B  
4726 PEBBLE BAY CIR.  
VERO BEACH FL 32963**

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 607.0602 and 607.1603, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent (if other than above)

DATE

12. OFFICERS AND DIRECTORS

|                    |                     |                                 |
|--------------------|---------------------|---------------------------------|
| 1. TITLE           | VD                  | <input type="checkbox"/> DELETE |
| 2. NAME            | HUDSON, JOHN B      |                                 |
| 3. STREET ADDRESS  | 4726 PEBBLE BAY CIR |                                 |
| 4. CITY-STATE-ZIP  | VERO BCH FL         |                                 |
| 5. TITLE           | STD                 | <input type="checkbox"/> DELETE |
| 6. NAME            | HUDSON, E D         |                                 |
| 7. STREET ADDRESS  | 4726 PEBBLE BAY CIR |                                 |
| 8. CITY-STATE-ZIP  | VERO BCH FL         |                                 |
| 9. TITLE           | PD                  | <input type="checkbox"/> DELETE |
| 10. NAME           | HUDSON JR, JOHN B   |                                 |
| 11. STREET ADDRESS | 4015 12TH PL. SW    |                                 |
| 12. CITY-STATE-ZIP | VERO BCH FL         |                                 |
| 13. TITLE          | D                   | <input type="checkbox"/> DELETE |
| 14. NAME           | HENDRIX, P.H.       |                                 |
| 15. STREET ADDRESS | 886 47TH AVE        |                                 |
| 16. CITY-STATE-ZIP | VERO BCH. FL        |                                 |
| 17. TITLE          | D                   | <input type="checkbox"/> DELETE |
| 18. NAME           | HUDSON, C           |                                 |
| 19. STREET ADDRESS | 4015 12TH PL, SW    |                                 |
| 20. CITY-STATE-ZIP | VERO BEACH FL       |                                 |
| 21. TITLE          |                     | <input type="checkbox"/> DELETE |
| 22. NAME           |                     |                                 |
| 23. STREET ADDRESS |                     |                                 |
| 24. CITY-STATE-ZIP |                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                 |  |
|--------------------|-----------------|--|
| 1. TITLE           |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2. NAME            |                 |  |
| 3. STREET ADDRESS  |                 |  |
| 4. CITY-STATE-ZIP  |                 |  |
| 5. TITLE           |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6. NAME            |                 |  |
| 7. STREET ADDRESS  |                 |  |
| 8. CITY-STATE-ZIP  |                 |  |
| 9. TITLE           |                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                 |  |
| 11. STREET ADDRESS | 6620 1st St. SW |  |
| 12. CITY-STATE-ZIP |                 |  |
| 13. TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. NAME           |                 |  |
| 15. STREET ADDRESS |                 |  |
| 16. CITY-STATE-ZIP |                 |  |
| 17. TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 18. NAME           |                 |  |
| 19. STREET ADDRESS |                 |  |
| 20. CITY-STATE-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)(k), Florida Statutes. I further certify that all 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: *Elisabeth D. Hudson* Elisabeth D. Hudson 2/2/96 407-562-3356  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)