

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jul 30 1997 8:00am  
Secretary of State

DOCUMENT # 229834

(7)

1. Corporation Name

POINSETTIA GROVES INC



Principal Place of Business

1481 8TH AVE.  
VERO BEACH FL 32980

Mailing Address

1481 8TH AVE.  
VERO BEACH FL 32980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1959

3a. Date of Last Report

02/06/1996

4. FEI Number

59-0882352

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HUDSON, JOHN B  
4726 PEBBLE BAY CIR.  
VERO BEACH FL 32983

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 607.1508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
VD  
HUDSON, JOHN B  
STREET ADDRESS  
4726 PEBBLE BAY CIR  
CITY-ST-ZIP  
VERO BCH FL

TITLE ☐ DELETE

NAME  
STD  
HUDSON, E D  
STREET ADDRESS  
4726 PEBBLE BAY CIR  
CITY-ST-ZIP  
VERO BCH FL

TITLE ☐ DELETE

NAME  
PD  
HUDSON JR, JOHN B  
STREET ADDRESS  
4015 12TH PL. SW  
CITY-ST-ZIP  
VERO BCH FL

TITLE ☐ DELETE

NAME  
D  
HENDRIX, P.H.  
STREET ADDRESS  
6620 1ST. ST. SW  
CITY-ST-ZIP  
VERO BCH. FL

TITLE ☐ DELETE

NAME  
D  
HUDSON, C  
STREET ADDRESS  
4015 12TH PL. SW  
CITY-ST-ZIP  
VERO BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE REQUIRED

John B Hudson 7/24/97

562-3356

CR2E034 (4/97)