

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jan 24, 1996 08:00 AM
Secretary of State

DOCUMENT # **703355** (8)
1. Corporation Name
PIN-GRO-VIL INC



Principal Place of Business Mailing Address
8901 LAWRENCE RD PINE GROVE VIL BOYNTON BEACH FL 33436 **8901 LAWRENCE RD PINE GROVE VIL BOYNTON BEACH FL 33436**

3. Date Incorporated or Qualified **02/01/1962** 3a. Date of Last Report **02/15/1995**

21	2. Principal Place of Business	2a	2a. Mailing Address	4.	FEI Number 59-6140131	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8.	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

CHICHESTER, MARJORIE A
4041 N. SHADY LANE
BOYNTON BEACH FL 33436

MARJORIE A. CHICHESTER

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **MARJORIE A. CHICHESTER SEC/TRES**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHLER, THOMAS	1.2 NAME	SHIRLEY (LEE) DEGROOT
STREET ADDRESS	4229 N. SHADY LANE	1.3 STREET ADDRESS	4034 S SHADY LANE
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	BOYNTON BEACH FL. 33436
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWELL, MAYNARD	2.2 NAME	BROWN, WILLIAM
STREET ADDRESS	8971 W. SHADY LANE	2.3 STREET ADDRESS	8970 W. SHADY LANE
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	BOYNTON BEACH FL. 33436
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLER, BEV	3.2 NAME	
STREET ADDRESS	4155 NO SHADY LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHICHESTER, MARJORIE A	4.2 NAME	
STREET ADDRESS	4041 N. SHADY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33436	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marjorie A. Chichester* **Sec/Tres** **1/20/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/20/96** Daytime Phone # **738-1953**

CR2E037 (12/95)