

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
95 JAN 25 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H28972 (8)**  
1. Corporation Name  
**PALO GROVES, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**% HARRY A. PALO**  
**400 1ST STREET, NORTH**  
**WINTER HAVEN FL 33881-4115**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/06/1984**      **01/24/1994**

2. Principal Place of Business      2a. Mailing Address  
**21**      **20**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22**      **27**  
City & State      City & State  
**23**      **20**  
Zip      Country      Zip      Country  
**24**      **25**      **20**      **30**

4. FEI Number      Applied For  
**59-2892699**      Not Applicable

5. Certificate of Status Desired       \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**PALO, HARRY A.**  
**400 FIRST STREET NORTH**  
**WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent  
**01** Name  
**02** Street Address (P.O. Box Number is Not Acceptable)  
**03**  
**04** City      **FL**      **05** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable)      (Typed Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALO, HARRY A.	1.2 NAME	
STREET ADDRESS	400 FIRST STREET NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALO, MARGARET	2.2 NAME	
STREET ADDRESS	400 FIRST STREET NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 110.07(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 signatures shall have the same legal effect as if made in and to the effect that I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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: **MARGARET PALO**      *Margaret Palo*      1/16/95      813-294 2605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number