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FILED

Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H91763 (3)

1. Corporation Name  
GROVER BAILEY TOMATO HOUSE, INC.



Principal Place of Business

655 S. "I" STREET  
P.O. BOX 12301  
PENSACOLA FL 32501  
US

Mailing Address

POST OFFICE BOX 12301  
PENSACOLA FL 32581-2301  
US

3. Date Incorporated or Qualified 12/27/1985  
3a. Date of Last Report 02/22/1996

4. FEI Number 59-2621802  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAILEY, GROVER J.  
4569 SABINE COURT  
GULF BREEZE FL 32561

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

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BAILEY, GROVER J. 4569 SABINE COURT GULF BREEZE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, GROVER J.	1.2 NAME	
STREET ADDRESS	4569 SABINE COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	GULF BREEZE FL	1.4 CITY - ST - ZIP	
TITLE	VD BAILEY, FREDDIE F. 4569 SABINE COURT GULF BREEZE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, FREDDIE F.	2.2 NAME	
STREET ADDRESS	4569 SABINE COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	GULF BREEZE FL	2.4 CITY - ST - ZIP	
TITLE	SD BAILEY, GROVER J. JR. 1100 GREEN HILLS RD CANTONMENT FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, GROVER J. JR.	3.2 NAME	
STREET ADDRESS	1100 GREEN HILLS RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	CANTONMENT FL	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 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: Grover J. Bailey - GROVER J. Bailey - 1-6-97 904-433-0220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)