FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 123957 (3)

1. Corporation Name
INLAND GROVES CORPORATION

Principal Place of Business	Mailing Address
1304 TENTH STREET P. O. BOX 120186 CLERMONT FL 34712	1304 TENTH STREET P. O. BOX 120186 CLERMONT FL 34712

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/03/1931
3a. Date of Last Report: 05/31/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-0650742 ☐ 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

9. Name and Address of Current Registered Agent

POOL,FLORENCE C
1304 TENTH ST
CLERMONT FL 32711

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: Florence C. Pool Pres. — Florence C. Pool — 4-5-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	C. D.	☐ Change ☒ Addition
NAME	POOL,ROBERT J	12 NAME	Dorothy M Pool	
STREET ADDRESS	1069 LAKE SHORE DR.	13 STREET ADDRESS	1413 S. Disston Ave	
CITY-ST-ZIP	CLERMONT FL	14 CITY-ST-ZIP	Clermont Fl 34711	
TITLE	PD	21 TITLE	P. D.	☐ Change ☐ Addition
NAME	POOL,FLORENCE C	22 NAME	Pool, Florence C.	
STREET ADDRESS	1304 TENTH STREET	23 STREET ADDRESS	1304 10th Street	
CITY-ST-ZIP	CLERMONT FL	24 CITY-ST-ZIP	Clermont, Fl 34711	
TITLE	T	31 TITLE	V D	☐ Change ☐ Addition
NAME	POOL,FLORENCE C	32 NAME	Pool Robert J.	
STREET ADDRESS	1304 TENTH STREET	33 STREET ADDRESS	1069 Lake Shore Dr.	
CITY-ST-ZIP	CLERMONT FL	34 CITY-ST-ZIP	Clermont, Fl. 34711	
TITLE		41 TITLE	D S.	☐ Change ☒ Addition
NAME		42 NAME	Virginia Alvord C.	
STREET ADDRESS		43 STREET ADDRESS	20 W Lucerne Circle Apt 404	
CITY-ST-ZIP		44 CITY-ST-ZIP	Orlando Fl. 32801-3701	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Florence C. Pool — Florence C. Pool — 4-5-95 — 904 344 4257
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0978208 CP