

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 123957

(3)

1. Corporation Name

INLAND GROVES CORPORATION

Principal Place of Business

1304 TENTH STREET
P. O. BOX 120186
CLERMONT FL 34712

Mailing Address

1304 TENTH STREET
P. O. BOX 120186
CLERMONT FL 34712



3. Date Incorporated or Qualified
02/03/1931

3a. Date of Last Report
04/11/1995

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POOL, FLORENCE C
1304 TENTH ST
CLERMONT FL 32711

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VD

☐ DELETE

NAME

POOL, ROBERT J

STREET ADDRESS

1069 LAKE SHORE DR.

CITY-ST-ZIP

CLERMONT FL

TITLE

PD

☐ DELETE

NAME

POOL, FLORENCE C

STREET ADDRESS

1304 TENTH STREET

CITY-ST-ZIP

CLERMONT FL

TITLE

T

☐ DELETE

NAME

POOL, FLORENCE C

STREET ADDRESS

1304 TENTH STREET

CITY-ST-ZIP

CLERMONT FL

TITLE

CD

☐ DELETE

NAME

POOL, DOROTHY M

STREET ADDRESS

1413 S DISSTON AVENUE

CITY-ST-ZIP

CLERMONT FL

TITLE

DS

☐ DELETE

NAME

ALVORD, VIRGINIA C

STREET ADDRESS

20 W LUCERNE CIRCLE; APT 404

CITY-ST-ZIP

ORLANDO FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-96

Date

Daytime Phone #

CR2E034 (12/95)