

DOCUMENT # 147041
1. Entity Name
STRAWN GROVES INCORPORATED

Principal Place of Business Mailing Address
5707 NORTH U.S. 17 5707 NORTH U.S. 17
P.O. BOX 100 P.O. BOX 100
DE LEON SPRINGS FL 32130 DE LEON SPRINGS FL 32130

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
STRAWN, ROBERT R
127 S ORANGE
DELAND FL 32720

FILED
Jan 08, 2001 8:00 am
Secretary of State
01-08-2001 90039 020 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0575506** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD **STRAWN, ROBERT R**
127 S. ORANGE AVE.
DELAND FL 32720 ☐ Delete
VD **STRAWN, JOHN R**
324 WEST RETTA
DE LEON SPRINGS FL 32130 ☐ Delete
S **STRAWN, JOHN R.**
324 W. RETTA
DE LEON SPRINGS FL 32130 ☐ Delete
T **STRAWN, ROBERT R**
127 S. ORANGE AVE.
DELAND FL 32720 ☐ Delete
☐ Delete
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Strawn V.P. JOHN STRAWN 1-03-01 904-985-4509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)