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PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

160827

GEM GROVES CO. Principal Place of Business Mailing Address 306 NINTH STREET P.O. BOX 770249 WINTER GARDEN FL 34787 WINTER GARDEN FL 34777 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1950 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-084 1849 Not Applicable Suite, Apt #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Yes Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HELLER, HARVEY R. 135 S. NINTH STREET 82 Street Address (P.O. Box Number is Not Acceptable) WINTER GARDEN FL 34787 **R3** City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT). Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change ☐ Addition HELLER, JAMES NAME 1.2 NAME 306 NINTH STREET STREET ADDRESS 1.3 STREET ADDRESS WINTER GARDEN FL CITY-ST-ZIP 1.4 CITY-ST-ZIP **VDS** TITLE DEFELE 21 TITLE ☐ Change Addition HELLER, HARVEY R. NAME 22 NAME 306 NINTH STREET STREET ADDRESS 23 STREET ADDRESS WINTER GARDEN FL CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS City-St-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZiP DELETE TITLE 6.1 THLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information indicated on this annual report of officer or director of the corporate Block 12 or Block 13 if charging. not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE

HARVEY P HELLER 2/8/88 (40) 156-2124

FILED

Feb 11 1998 8:00am

Secretary of State