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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1006

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DOCUN 1. Corporation	MENT # 16276								
ATLAS	GROVES INCORPORATED	)							
Principal Place of Business Mailing Address									
,		2936 WALLCRAFT AVENUE							
2936 WALLCRAFT AVENUE TAMPA FL 33611		TAMPA FL 33611	VENUE						
					3. Date Incorporated or Qualified	l 3a Date	of Last Re	eriori	٦.
					08/29/1950		3/06/199		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	1 7		Applied For	-
21			<u> </u>		59-6081893			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional Required	
City & State			27 City & State		6. Election Campaign Financing				-{
23		28	5 ·		Trust Lund Contribution			<b>0</b> May Be d to Fees	
Zip	Country	Zip	Zip Country		8. This corporation has liability for	intangible ta			1
24	25	1 1			1	□No			
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New F	legistered	Agent		
CAPTER	0.1			[					
CARTER,	S. J. Llcraft avenue		8		iress (P.O. Box Number is Not Acceptat	ole)			
TAMPA 3			83						1
1741117	<b>5071</b>						Tee7 7.	. Code	4
				84 City		FL	85 Zq	1 C006	
11. Pursuant to or registere	the provisions of Sections 607.050 agent, or both, in the State of Flor	2 and 607.1508, Florida Stat ida. Such change was autho	lutes, the abo	ve-named corpo orporation's boa	oration submits this statement for the puring of directors. Thereby accept the app	rpose of cha cintment as	inging its re registered	egistered office agent. I am	
familiar with	n, and accept the obligations of, Sec	tion 607.0505, Florida Statut	tes.						
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable	(NOTE Registered	Agent signaturi regien	es Les har interrest after gre	DATE			100
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF				CR2E034 (12/95)
TITLE	PTD	☐ DELETE				[	Change	Addition	Ë
NAME	HICKMAN, AUDREY M. 109 FLORA DRIVE		1.2 NAME						18
STREET ADDRESS	HAINES CITY FL		1.3 STHEET ADDRESS 1.4 City-St-Zip						120
CHTY-ST-ZIP THTLE	SD	DELÈTE	2 1 II			г	Change	☐ Addition	15
NAME	CARTER, S. J.		2 2 NA			•		_	
STREET ADDRESS	2936 WALLCRAFT AVE.		2351	REE1 ADDRESS					
CITY-ST-ZIP	TAMPA FL		2 4 CI	IY-ST-71P					
TITLE	☐ DELETE		3 1 1		·	ĺ	Change	Addition	
NAME			3 2 NA						
STREET ADDRESS				INCEL ADDRESS					
CITY-ST-ZIP TITLE		DELETÉ	4 1 1)	TY - ST - ZIP		· · - · · · · · · · · · · · · · · ·	Change	Addition	1
NAME			4 2 N4					<u></u>	1
STREET ADDRESS				REET ADDRESS					
CITY+ST+ZIP				!Y - \$1 - ZIP					
TITLE	DELETE		5 1 Ti	TLF		[	Change	Add tion	
NAME			5.2 NA	ME					
STREELADDRESS				HEET ACORESS					
CITY-ST-ZIP		DELETE.		IY-SI-ZIP		, <u>,</u>	1 Chance	Addition	-
TITLE		[] orceit	6 1 TI 6 2 NA			t	_] Change	Add:tion	
NAME STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				IY-ST-ZIP					
0111-31-41F	and it that the information as an extent	with this files is not extend to	04 G/		for the everything stated in Contact 440	620.00 Fig.	a do Crotat	on the other	-{

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.

S. J. Carter January 15, 1996 (813)837–0383

SIGNATURE: \_\_\_\_\_\_

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. J. Carter January 15, 1996

(813)837-0383 Dayton Phone F