

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 # 182643

(7)

1. Corporation Name:

GLOMOR GROVES, INC.



Principal Place of Business

P.O. BOX 6370
200
VERO BEACH FL 32961
US

Mailing Address

P.O. BOX 6370
200
VERO BEACH FL 32960
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/10/1955

3a. Date of Last Report

02/17/1995

4. FEI Number

59-0741839

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

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required when appointing)

(Signature of Registered Agent required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

D
GIBBONS, M A
OSCEOLA BOULEVARD
VERO BEACH FL

☐ DELETE

2. NAME

D
GIBBONS, GLORIA M
OSCEOLA BOULEVARD
VERO BEACH FL

☐ DELETE

3. TITLE

VPST
GIBBONS, CHARLES D
1533 53RD AVENUE, P.O. BOX 2403
VERO BEACH FL

☐ DELETE

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

7. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

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: CHARLES D. GIBBONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles D. Gibbons

02/21/96

DATE

Daytime Phone

CR2E034 (12/95)