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

1996

DOCUMENT # 200994

1. Corporation Name

SUPERIOR GROVES, INC.

(2)

FILED
Mar 06 1996 8:00 am
Secretary of State



Principal Place of Business	Mailing Address			
2319 FAIRMONT AVENUE P.O. BOX 1703	2319 FAIRMONT AV	VENUE		
LAKELAND FL 33802	P.O. BOX 1703 LAKELAND FL 3380	ษ		
D. 11. D. 11	ENTERNAL TE SOOL	M.	3. Date Incorporated or Qualified 03/25/1957	3a. Date of last Report 02/24/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
[21]	26		4. FEI Number 59-0967854	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	
23	28		Trust Fund Contribution	S5.00 May Be Added to Fees
	ountry Zip	Country	8. This corporation has liability for in	
24 25	29	30	Florida Statutes	_
9. Name and A	ddress of Current Registered Agent		10. Name and Address of New Re	gistered Agent
DINED HEV	N to N	81 Name	PONARD II	101 F
DINER, ALEX	~ 1000	82 Street Addr	ess (PuerBox Number is Not Acceptable	1 2 1
/ 2319 FAIRMONT AVE	Malaz	<u> </u>	res (P.O. Box Number is Not Acceptable	"DRIVE
LAKELAND FL 33802	\ 1/12/93	83 Z 4/	VOIANN FI	
		84 City	MIND, IF	last 7- 0-d-
		City	/	FL SS 23%n3
11. Pursuant to the provisions of	Sections 607.0502 and 607.1508, Florida Statu	ites, the above named corpora	ation submits this statement for the purp	ose of changing its registered office
or registered agent, or both, in tamikar with, and accept the c	Sections 607.0502 and 607.1508, Florida Statu n the State of Florida. Such change was author obligations of, Section 607.0503, Florida Statute	ized by the corporation's board	d of directors. I hereby accept the appo	intmept as registered agent. I am
	1 x 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ツイフ	9/96
SIGNATURE Signal Type of printed	humo of requirered sep planto to the sales (N	IOTE Registered Agent signature required	when reinstating	DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
PD WOLF LEON	☐ OELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME WOLF, LEON		1.2 NAME		
STHEFT ASORESS 838 EDGEW		1.3 STREET ADDRESS		
CITY-ST-ZIP LAKELAND	FL	1.4 CiTY - ST - ZiP		
TILLE	☐ DELETE	2 1 TITLE		Change Addition
NGM!		2 2 NAME		
SFREET ADDRESS		2 3 STREET ADDRESS		
C.1Y+S1+Z4P		2 4 CITY - ST - ZIP		
TILE	☐ DELETE	3 1 TITLE		Change Addition
NAME		3 2 NAME		_
STREET ADOPESS		3.3 STREET ADDRESS		
City St Zir		3.4 CHTY - ST - ZIP		
11116	☐ DELETE	4 1 THILE		Change Addition
NAMI		4 2 NAME		
STREET ADDIFESS		4.3 STREET ADDRESS		
CHY St Zif		4.4 CiTY-ST-ZIP		
TIT.F	☐ DELETE	5 1 TITLE		Change Addition
NAME		5.2 NAME		
STHEE! ADDRESS		5 3 STREET ADDRESS		
CITY-S1-ZIP		5 4 CITY - ST - ZIP		
Title	DELETE	6. 1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
C(TY-\$1-7.P)		6 4 CITY - ST - ZIP		
14 Leto hereby codety that the info	resolves cumplied with this files is valuated after	nichard and dans and a valif of	the averaging stated in Continue 440.0	70015

The mercuy certify that the information supplied with this firing 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 cath, 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 attackment with an address.

SIGNATURE XUNOTA YUY

SIGNING OFFICER OR DIRECTOR

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682-0202