FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **208744** **(3)**

1. Corporation Name

THE GRO MOR CO., INC.

Principal Place of Business

516 S COLLINS ST. (33566-5538)
P. O. BOX 717 (33564)
PLANT CITY FL 33566-5538

Mailing Address

516 S COLLINS ST. (33566-5538)
P. O. BOX 717 (33564)
PLANT CITY FL 33566-5538

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 County 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 County 30

3. Date Incorporated or Qualified: **01/02/1958**

3a. Date of Last Report: **03/14/1995**

4. FEI Number: **59-0829012** ☐ 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 unemployment fees under s. 199.052, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BENDER, JOHN C.
3009 JIM JOHNSON ROAD
PLANT CITY FL 33566

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 Section(s) 607.0502 and/or 617.1905, 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. The corporation is authorized to do business in Florida. I am familiar with and accept the obligations of the position of Registered Agent as provided for in Section 607.0505, Florida Statutes.

SIGNATURE: John C Bender 4-8-96
Signature of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	BENDER, ANDREW H	
STREET ADDRESS	1104 W CHERRY ST	
CITY-ST-ZIP	PLANT CITY, FL 00000	
TITLE	P	☐ DELETE
NAME	BENDER, JOHN C	
STREET ADDRESS	3009 JIM JOHNSON RD	
CITY-ST-ZIP	PLANT CITY, FL 00000	
TITLE	S	☐ DELETE
NAME	BENDER, EMILY H	
STREET ADDRESS	908 W MAHONEY ST	
CITY-ST-ZIP	PLANT CITY, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change	☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE	☐ Change	☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE	☐ Change	☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE	☐ Change	☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

14. I hereby 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 12 or Block 13 with an indication for a change or addition of an officer or director.

SIGNATURE: John C Bender **4-8-96** **813 752-2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)