

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 227963

(6)

1. Corporation Name

P & P GROVE CORP.

Principal Place of Business

P.O. BOX 65
POINSETTIA AVE. E. OF 3RD ST.
ALTURAS FL 33820

Mailing Address

P.O. BOX 65
POINSETTIA AVE. E. OF 3RD ST.
ALTURAS FL 33820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1959

3a. Date of Last Report

04/28/1994

4. FEI Number

59-0889506

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERDUE, J W

**POINSETTIA AVE. E. OF 3RD ST.
ALTURAS FL 33820**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

05

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and date of appointment)

(NOTE: Registered Agent Signature Required when registered.)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PD
PERDUE, J W
POINSETTIA AVE E OF 3 ST
ALTURAS FL**

13. 1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**SD
PERDUE, JR, JOHN WILLIAM
POINSETTIA AVE E OF 3 ST
ALTURAS FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

SIGNATURE:

John W. Perdue

President April 24, 1995 813-537-1022

(Signature and typed or printed name of signing officer or director)