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 # **234489** **(3)**

1. Corporation Name

ACOSTA GROVES, INC.

Principal Place of Business	Mailing Address
KENNETH F MURRAH P O BOX 1328 - 800 W. MORSE BLVD. WINTER PARK FL 32789	KENNETH F MURRAH P O BOX 1328 - 800 W. MORSE BLVD. WINTER PARK FL 32789

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **03/18/1960**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3800000** ☐ 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

9. Name and Address of Current Registered Agent

MURRAH,KENNETH F
PO BOX 1328, 800 W MORSE BLVD.
WINTER PARK FL 32789

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ROCKEFELLER, GODFREY A	
STREET ADDRESS	1127 VISTA DEL MAR	
CITY-ST-ZIP	DEL RAY BCH. FL	
TITLE	DV	☐ DELETE
NAME	BLAIR, PETER H JR	
STREET ADDRESS	2303 EAST ALAMEDA AVE.	
CITY-ST-ZIP	DENVER, CO 00000	
TITLE	VPD	☐ DELETE
NAME	ROCKERFELLER, GODFREY A.	
STREET ADDRESS	41 BASKIN ROAD	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	ST	☐ DELETE
NAME	MURRAH, KENNETH F	
STREET ADDRESS	800 W MORSE BLVD, SUITE 1	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	☐ DELETE
NAME	SPENCER, CAROLINE R.	
STREET ADDRESS	P.O. BOX 155, NA	
CITY-ST-ZIP	WILLOWCREEK MT	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Kenneth F. Murrah — June 25, 1996 — **407-644-9801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #