

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 257430

(9)

1. Corporation Name

PEP GROVES CORPORATION

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/29/1962

3a. Date of Last Report

04/05/1994

4. FEI Number

59-0967543

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

9. This corporation has liability for intangible tax under S. 199.022,
Florida Statutes ☐ Yes ☐ No

Principal Place of Business

**888 LAKE HOWARD DR NORTHWEST APT #113
WINTER HAVEN FL 33880**

Mailing Address

**PO BOX 1912
WINTER HAVEN FL 33882
US**

2. Principal Place of Business

21 380 Ave C.S.W.

2a. Mailing Address

Suite, Apt. #, etc.

22 Winter Haven

City & State

23 FL

Zip

24 33880

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BOWEN, VIRGIL JR.
407 AVE O, SE
WINTER HAVEN FL 33880**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
BOWEN, VIRGIL JR.
407 AVE O, SE
WINTER HAVEN, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BOWEN JR, VIRGIL
889 LK HOWARD DR NW #113
WINTER HAVEN, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
PINCKNEY, VINCENT
889 LK HOWARD DR NW #113
WINTER HAVEN, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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

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:

Virgil A. Bowen Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 8132630452
Date (Indicate Month & Year)