FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -7 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **266022** **(3)**

1. Corporation Name
FLORIDA-GEORGIA GROVES INC

Principal Place of Business	Mailing Address
P.O. BOX 28 FLOWERY BRANCH GA 30542	P.O. BOX 28 FLOWERY BRANCH GA 30542

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/10/1963
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-0189257 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, GARRETT W	1.2 NAME	
STREET ADDRESS	5702 MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLOWERY BRANCH GA 30542	1.4 CITY-ST-ZIP	
TITLE	~~P~~	2.1 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	~~BAILEY, GARRETT W~~	2.2 NAME	Gene Mooney
STREET ADDRESS	5702 MAIN STREET	2.3 STREET ADDRESS	5702 MAIN STREET
CITY-ST-ZIP	FLOWERY BRANCH GA 30542	2.4 CITY-ST-ZIP	Flowery Branch, GA 30542
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	GLESMAN, JOHN B	3.2 NAME	
STREET ADDRESS	36 TWIN OAKS ROAD	3.3 STREET ADDRESS	8 Pond Court
CITY-ST-ZIP	BRIDGEWATER NJ 08807	3.4 CITY-ST-ZIP	Belle Mead, NJ 08502
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HEGEMEN, JOHN S	4.2 NAME	
STREET ADDRESS	6460 MOURNING DOVE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WHITEHURST, CHARLES E	5.2 NAME	
STREET ADDRESS	108 EAST STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BETHEL NC 27812	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	SUTHERLIN TRUST	6.2 NAME	1950 ATLANTIC BLVD
STREET ADDRESS	302 WEST FLETCHER	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	6.4 CITY-ST-ZIP	JACKSONVILLE, FL, 32207

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)(i), 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: ☒ Gene Mooney 2-28-95 404-967-6451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478697 FP