

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 274746 (7)

1. Corporation Name

HUFFAKER GROVES COMPANY



Principal Place of Business

Mailing Address

C/O HERZOG  
221 MILL RD.  
NEW CANAAN CT 06840

C/O HERZOG  
221 MILL RD.  
NEW CANAAN CT 06840

3. Date Incorporated or Qualified

10/15/1963

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1060981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s 199.032,

Florida Statutes

☒ Yes

☐ No

23

28

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAWFORD, ANNE S.  
330 E. VINE ST.  
BARTOW FL 33830

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME BLANKNER, LEONARD F.  
STREET ADDRESS 360 E VINE ST  
CITY-ST-ZIP BARTOW, FL 00000

TITLE PD ☐ DELETE  
NAME HERZOG, HAROLD K  
STREET ADDRESS 221 MILL RD.  
CITY-ST-ZIP NEW CANAAN, CONN 00000

TITLE VST ☐ DELETE  
NAME CRAWFORD, ANNE S  
STREET ADDRESS 330 E VINE ST  
CITY-ST-ZIP BARTOW, FL 00000

TITLE D ☐ DELETE  
NAME TRUELOVE, THERESA W.  
STREET ADDRESS 508 S. MCKINLEY  
CITY-ST-ZIP CHAMPAIGN IL

TITLE D ☐ DELETE  
NAME Vincent, Mary Elizabeth  
STREET ADDRESS 2685 Gator Trail  
CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE D Vincent, Mary Elizabeth ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2685 Gator Trail  
1.4 CITY-ST-ZIP Titusville, FL 32780

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:

Anne S. Crawford  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96  
Date

941-833-5881  
Daytime Phone #

CR2E034 (12/95)