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FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 281862 (3)

1. Corporation Name:  
GABRIEL GROVE SERVICE INC

Principal Place of Business

ALTURAS LOOP ROAD  
POST OFFICE BOX 86  
ALTURAS FL 33820

Mailing Address

ALTURAS LOOP ROAD  
POST OFFICE BOX 86  
ALTURAS FL 33820-0086



3. Date Incorporated or Qualified  
05/27/1964

3a. Date of Last Report  
01/22/1996

4. FEI Number  
59-1060776

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

TILLIS JR., MONTE J.  
190 SOUTH BROADWAY  
P.O. BOX 37  
BARTOW FL 33830

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GABRIEL, I.J.	
STREET ADDRESS	OAK DRIVE P.O. BOX 212	
CITY - ST - ZIP	ALTURAS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, MARY NELL	
STREET ADDRESS	OAK DRIVE P.O. BOX 206	
CITY - ST - ZIP	ALTURAS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SLATER, DINAH KAY	
STREET ADDRESS	OAK DRIVE P.O. BOX 224	
CITY - ST - ZIP	ALTURAS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GABRIEL, T.A.	
STREET ADDRESS	SCHRECK ROAD BOX 86	
CITY - ST - ZIP	ALTURAS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GABRIEL, DOROTHY (ASST)	
STREET ADDRESS	SCHRECK ROAD BOX 86	
CITY - ST - ZIP	ALTURAS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Dinah K. Slater / Dinah K. Slater*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/97 941-537-1177  
Date Daytime Phone #

CR2E034 (9/96)