

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 # 282860 (6)

1. Corporation Name

DESOTO GROVES AND DEVELOPMENT, INC.



Principal Place of Business

5577 SW HWY 72
ARCADIA FL 33821
US

Mailing Address

5577 SW HWY 72
ARCADIA FL 33821
US

3. Date Incorporated or Qualified
06/30/1964

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-1055332

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

10. Name and Address of New Registered Agent

BONNET, CHRISTOPHER P.
3775 BENEVA OAKS BLVD
SARASOTA FL 34238

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
NAME TRUNNELL, THOMAS L
STREET ADDRESS 7979 TAMIAM TRAIL S.
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE SD
NAME TRUNNELL, VIVIAN
STREET ADDRESS 7979 TAMIAM TRAIL S.
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE VD
NAME BONNET, CHRISTOPHER P.
STREET ADDRESS 3775 BENEVA OAKS BLVD
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE D
NAME TRUNNELL, THOMAS N.
STREET ADDRESS 609 WARREN RD
CITY-ST-ZIP LUTZ FL ☐ DELETE

TITLE D
NAME TAGATZ, SUSAN
STREET ADDRESS 5828 LONG BRAKE TRAIL
CITY-ST-ZIP EDINA, MINN 00000 ☐ DELETE

TITLE D
NAME BONNET, SHARON
STREET ADDRESS 3775 BENEVA OAKS BLVD
CITY-ST-ZIP SARASOTA FL ☐ DELETE

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: *Christopher P. Bonnet* CHRISTOPHER P. BONNET 1/16/96 941-994-0610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)