

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 # **286975** (8)

1. Corporation Name

GARGROVE, INC.



Principal Place of Business

**4710 82ND AVE
SUITE 205
VERO BEACH FL 32967
US**

Mailing Address

**2333 PONCE DE LEON BL
#1110
CORAL GABLES FL 33146
US**

3. Date Incorporated or Qualified
11/12/1964

3a. Date of Last Report
04/04/1995

4. FEI Number
59-1119801

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARNES, PAUL D., JR.
1570 MADRUGA AVENUE
#216
CORAL GABLES FL 33146**

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 type for professional (if registered agent) or for (if not) (Print Name of Agent/signature below) (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **JIMENEZ, JUAN I**
STREET ADDRESS **2833 PONCE DE LEON BLVD #1110**
CITY-STATE-ZIP **CORAL GABLES FL**

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME **JIMENEZ, JUAN I**
1.3 STREET ADDRESS **4710 - 82nd AVENUE**
1.4 CITY-STATE-ZIP **VERO BEACH, FLORIDA 32967**

TITLE **STD** ☐ DELETE
NAME **BARNES, PAUL D JR**
STREET ADDRESS **1570 MADRUGA AVE, #211**
CITY-STATE-ZIP **CORAL GABLES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **PD** ☐ DELETE
NAME **VERGARA, CARLOS M.**
STREET ADDRESS **2333 PONCE DE LEON BLVD. #1110**
CITY-STATE-ZIP **CORAL GABLES FL**

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME **VERGARA, CARLOS M**
3.3 STREET ADDRESS **4710 - 82nd AVENUE**
3.4 CITY-STATE-ZIP **VERO BEACH, FLORIDA 32967**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

CARLOS M. VERGARA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-30-96

407-567-5187

CR2E034 (12/95)