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FILED

Mar 03 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 # 302502 (0)

1. Corporation Name
SWITZERLAND GROVES INC

Principal Place of Business

826 BEACH BLVD.
JACKSONVILLE BEACH FL 32250

Mailing Address

826 BEACH BLVD.
JACKSONVILLE BEACH FL 32250-4368



3. Date Incorporated or Qualified

03/01/1966

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21 333 JACKSONVILLE DRIVE
Suite Apt # etc

2a. Mailing Address

26 333 JACKSONVILLE DRIVE
Suite, Apt #, etc.

4. FEI Number

59-1300804

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

22 City & State

23 JACKSONVILLE BEACH, FLA

27 City & State

28 JACKSONVILLE BEACH, FLA

24 Zip

32250

Country

25 USA

29 Zip

32250

Country

30

9. Name and Address of Current Registered Agent

EDWARDS, THOMAS S.
926 BEACH BLVD.
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

EDWARDS, THOMAS S.

82 Street Address (P.O. Box Number is Not Acceptable)

333 JACKSONVILLE DRIVE

83

84 City

JACKSONVILLE BEACH,

FL

85 Zip Code

32250

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 of type of person or 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	EDWARDS, THOMAS S.	
STREET ADDRESS	926 BEACH BLVD.	
CITY - ST - ZIP	JACKSONVILLE BEACH FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	EDWARDS, LYNDA	
STREET ADDRESS	926 BEACH BLVD.	
CITY - ST - ZIP	JACKSONVILLE BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SHEFFIELD, WILLIAM F	
STREET ADDRESS	10192 SAN JOSE BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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, unchanged, or on an attachment with an address.

SIGNATURE:

THOMAS S. EDWARDS
THOMAS S. EDWARDS, N.D.

2-26-97

Date

Daytime Phone #

904-247-0208

CR2E034 (9/96)