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

CORPORATION ANNUAL REPORT
**1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:34

DOCUMENT # 308241 (9)

1. Corporation Name
PREMORE GROVES INC

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 120854<br>CLERMONT FL FL 34712-0854 | P.O. BOX 120854<br>CLERMONT FL FL 34712-0854 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/17/1966
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1148495 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRIEBE, WILLIAM JOHN
10735 PRIEBE RD
CLERMONT FL 32711

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | S | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | PRIEBE, MARILYN | 1.2 NAME | |
| STREET ADDRESS | P.O. BOX 120854 N/A | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL 34712-0854 | 1.4 CITY-ST-ZIP | |
| TITLE | P | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | PRIEBE, MARY H | 2.2 NAME | |
| STREET ADDRESS | P.O. BOX 120854 N/A | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT, FL 34712-0854 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | PRIEBE, MARILYN | 3.2 NAME | |
| STREET ADDRESS | P.O. BOX 120854 N/A | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL 34712-0854 | 3.4 CITY-ST-ZIP | |
| TITLE | DV | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | PRIEBE, WILLIAM JOHN | 4.2 NAME | |
| STREET ADDRESS | P.O. BOX 120854 N/A | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL 34712-0854 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(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:** Marilyn Priebe MARILYN PRIEBE 2-14-95 904-394-3160
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0376235 CP