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 # 308241 (9)

1. Corporation Name
PREMORE GROVES INC

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

3. Date Incorporated or Qualified: 08/17/1966
3a. Date of Last Report: 02/21/1995
4. FEI Number: 59-1148495 ☐ 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
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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 ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	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	☒ DELETE	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	☐ DELETE	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	☒ DELETE	4.1 TITLE	President ☒ Change ☐ Addition
NAME	PRIEBE, WILLIAM JOHN		4.2 NAME	Priebe, William John
STREET ADDRESS	P.O. BOX 120854 N/A		4.3 STREET ADDRESS	PO Box 120854 N/A
CITY-ST-ZIP	CLERMONT FL 34712-0854		4.4 CITY-ST-ZIP	Clermont, Fl 34712-0854
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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)(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: Marilyn Priebe MARILYN PRIEBE 1-30-96 904-360-8769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)