

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 318599

(8)

1. Corporation Name

CORKSCREW GROWERS, INC.

Principal Place of Business

INDUSTRIAL ST
PO BOX 309
BONITA SPRINGS FL 33959-2099

Mailing Address

INDUSTRIAL ST
PO BOX 309
BONITA SPRINGS FL 33959-2099



2. Principal Place of Business

2a. Mailing Address

21	State, Apt., etc.	26	State, Apt., etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

GRANT, BILLY DON
27000 HICKORY BLVD.
BONITA SPGS FL 33923

3. Date Incorporated or Qualified

07/06/1967

3a. Date of Last Report

03/28/1995

4. FET Number

59-1166532

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

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 607.060(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to register its 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 to make well, and accept the obligations of, Section 607.060(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME	1. NAME
2. STREET ADDRESS	2. STREET ADDRESS
3. CITY, STATE, ZIP	3. CITY, STATE, ZIP
4. NAME	4. NAME
5. STREET ADDRESS	5. STREET ADDRESS
6. CITY, STATE, ZIP	6. CITY, STATE, ZIP
7. NAME	7. NAME
8. STREET ADDRESS	8. STREET ADDRESS
9. CITY, STATE, ZIP	9. CITY, STATE, ZIP
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, STATE, ZIP	12. CITY, STATE, ZIP
13. NAME	13. NAME
14. STREET ADDRESS	14. STREET ADDRESS
15. CITY, STATE, ZIP	15. CITY, STATE, ZIP
16. NAME	16. NAME
17. STREET ADDRESS	17. STREET ADDRESS
18. CITY, STATE, ZIP	18. CITY, STATE, ZIP
19. NAME	19. NAME
20. STREET ADDRESS	20. STREET ADDRESS
21. CITY, STATE, ZIP	21. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this report 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. I am an officer or director of the corporation, or the registered agent or officer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am an officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy Don Grant, V.P.

2/13/96

941-992-1801

CR2E034 (12/95)