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 # **318599** **(8)**

1. Corporate 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

3. Date Incorporated or Qualified: **07/06/1967**
3a. Date of Last Report: **03/28/1995**
4. FEI 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/will be liable for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 | Country 30

9. Name and Address of Current Registered Agent

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

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 Section 607.0502 and 607.1503, 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

12. OFFICERS AND DIRECTORS

VSD
GRANT, BILLY DON
27625 HICKORY BLVD.
BONITA SPGS FL
PTD
HARVEY, FRED
5500 12TH AVE. NW.
NAPLES, FL 00000

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this 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 above or on an attachment with an address.

SIGNATURE: Billy Don Grant Billy Don Grant, V.P. 2/13/96 941-992-1801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #