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May 23 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 # 318599

(8)

1. Corporation Name

CORKSCREW GROWERS, INC.

Principal Place of Business

Mailing Address

INDUSTRIAL ST  
PO BOX 309  
BONITA SPRINGS FL 33959-2099

INDUSTRIAL ST  
PO BOX 309  
BONITA SPRINGS FL 34133-0309

3. Date Incorporated or Qualified  
07/06/1967

3a. Date of Last Report  
02/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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 liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

\*\* correct address

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

27771 Industrial St.

83

84 City

Bonita Springs

FL

85 Zip Code

34135

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSD ☐ DELETE  
NAME GRANT, BILLY DON  
STREET ADDRESS 27825 HICKORY BLVD.  
CITY - ST - ZIP BONITA SPGS FL

1.1 TITLE VS ☒ Change ☐ Addition  
1.2 NAME Billy Don Grant  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE PTD ☐ DELETE  
NAME HARVEY, FRED  
STREET ADDRESS 5500 12TH AVE. NW.  
CITY - ST - ZIP NAPLES, FL 00000

2.1 TITLE Director ☐ Change ☒ Addition  
2.2 NAME Robert Harvey  
2.3 STREET ADDRESS 4294 Longshore Way, N.  
2.4 CITY - ST - ZIP Naples, FL 34119

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE:

*Billy Don Grant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy Don Grant VP

(941) 992-1801

5/5/97

Date

Daytime Phone #

CR2E034 (9/96)