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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name: CRONCICH GROVES INC

DOCUMENT # 355334 (4)

Mailing Address	Principal Place of Business
200 MAIN STREET P.O. BOX 317 MINNEOLA FL 34755-0317	200 MAIN STREET P.O. BOX 317 MINNEOLA FL 34755-0317

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address	2a. Principal Place of Business
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 11/14/1969
3a. Date of Last Report: 05/01/1993
4. FEI Number: 59-2143223 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ $8.75
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CRONCICH, HAROLD E.
200 MAIN STREET, P.O. BOX 317
MINNEOLA FL 32755

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS	13.	CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	P/D	1.1 TITLE	
1.2 NAME	CRONCICH, HAROLD E.	1.2 NAME	
1.3 STREET ADDRESS	200 MAIN ST., PO BOX 317	1.3 STREET ADDRESS	300001475483
1.4 CITY ST ZIP	MINNEOLA FL	1.4 CITY ST ZIP	-05/04/95--01031--003
2.1 TITLE	T	2.1 TITLE	****200.00 ****200.00
2.2 NAME	CRONCICH, SUSAN C.	2.2 NAME	
2.3 STREET ADDRESS	200 MAIN ST., PO BOX 317	2.3 STREET ADDRESS	
2.4 CITY ST ZIP	MINNEOLA FL	2.4 CITY ST ZIP	
3.1 TITLE	S	3.1 TITLE	
3.2 NAME	PLUMMER, BETTY	3.2 NAME	
3.3 STREET ADDRESS	200 MAIN ST., PO BOX 317	3.3 STREET ADDRESS	
3.4 CITY ST ZIP	MINNELOA FL	3.4 CITY ST ZIP	
4.1 TITLE	V	4.1 TITLE	
4.2 NAME	CRONCICH JR., HAROLD	4.2 NAME	
4.3 STREET ADDRESS	200 MAIN ST., PO BOX 317	4.3 STREET ADDRESS	
4.4 CITY ST ZIP	MINNEOLA FL	4.4 CITY ST ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY ST ZIP		5.4 CITY ST ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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 release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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