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Feb 18 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 # 400068

(3)

1. Corporation Name

GRINNELL FARM, INC.

Principal Place of Business

5851 PONKAN ROAD  
P O BOX 18  
ZELLWOOD FL 32798

Mailing Address

5851 PONKAN ROAD  
P O BOX 18  
ZELLWOOD FL 32798-0018

3. Date Incorporated or Qualified

04/26/1972

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1387672

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

GRINNELL SR, CHARLES E  
5152 KING AVE  
ZELLWOOD FL 32798

10. Name and Address of New Registered Agent

81 Name CHARLES E. GRINNELL, JR

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

83 CHANGED LAST YEAR PER

84 City ATTACHED COPY 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

Signature typed or printed name of registered agent and title if applicable

CHARLES E. GRINNELL, JR. PRESIDENT

DATE

2/11/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME GRINNELL, JOHN M  
STREET ADDRESS 715 SCHOPKE ROAD  
CITY-ST-ZIP APOKA, FL 00000

TITLE D ☐ DELETE  
NAME HAUGHTON, MARJORIE G  
STREET ADDRESS 4011-C PALM BAY CIR  
CITY-ST-ZIP W PALM BCH FL

TITLE PD ☐ DELETE  
NAME GRINNELL, CHARLES E JR  
STREET ADDRESS KING RD 5152  
CITY-ST-ZIP ZELLWOOD, FL 00000

TITLE VD ☐ DELETE  
NAME GRINNELL SR, CHARLES E  
STREET ADDRESS 5013 DORA DRIVE  
CITY-ST-ZIP TANGERINE, FL 00000

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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: CHARLES E. GRINNELL, JR. PRESIDENT

2-11-97 407-886-3783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)