

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 13 AM 8:57

DOCUMENT # 475124 (4)

1. Corporation Name
OLIVE BRANCH GROVE, INC.

Principal Place of Business Mailing Address
ROUTE 1 BOX 238 WAUCHULA FL 33873
Rt. 2 Box 147 Bowling Green, FL 33834

ROUTE 1 BOX 238 WAUCHULA FL 33873
P.O. Box 1300 Avon Park, FL 33825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/05/1975** 3a. Date of Last Report: **01/25/1994**
4. FEI Number: **59-1619272** 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

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

9. Name and Address of Current Registered Agent
**SMITH, JOSEPH F.
RT 1 BOX 238 MAXWELL RD
WAUCHULA, FL
33873**

(change) 10. Name and Address of New Registered Agent
81. Name: **Joseph F. Smith**
82. Street Address (P.O. Box Number is Not Acceptable): **2204 Golden Age Villas**
83. City: **Avon Park** 84. State: **FL** 85. Zip Code: **33825**

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: **Joseph F. Smith President**

(NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MOEGERLE, JANE S.
STREET ADDRESS	1201 KEYSTONE CT
CITY ST ZIP	AUBURNDALE FL
TITLE	SD
NAME	HERRON, CLAUDEENE
STREET ADDRESS	RT 1 BOX 247
CITY ST ZIP	BOWLING GREEN, FL 00000
TITLE	PDV
NAME	SMITH, JOSEPH F
STREET ADDRESS	RT 1 BOX 238 MAXWELL RD
CITY ST ZIP	WAUCHULA, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Moegerle, Jane S	
13 STREET ADDRESS	754 45 Highway 1	
14 CITY ST ZIP	North Palm Beach, FL 33408	
21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HERRON, CLAUDEENE	
23 STREET ADDRESS	Rt. 2, Box 147	
24 CITY ST ZIP	BOWLING GREEN, FL. 33834	
31 TITLE	PDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Smith, Joseph F.	
33 STREET ADDRESS	2204 Golden Age Villas	
34 CITY ST ZIP	Avon Park, FL 33825	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(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, 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: **Joseph F. Smith**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95 **(941) 453-5692**
Date Telephone

CR2E034 (3/95)