

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 10 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 # 475124 (4)**  
1. Corporation Name  
**OLIVE BRANCH GROVE, INC.**



Principal Place of Business Mailing Address  
**3297 CR 664 BOWLING GREEN FL 33834 US** **3297 CR 664 BOWLING GREEN FL 33834 US**

3. Date Incorporated or Qualified **05/05/1975** 3a. Date of Last Report **08/07/1996**  
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 Administered**  
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 **Correct as above** Suite, Apt. #, etc. 26 **Correct as above** Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent **SMITH, JOSEPH F 208 E. ORANGE ST. WAUCHULA FL 33873**  
10. Name and Address of New Registered Agent  
81 Name **JANE MOEGERLE**  
82 Street Address (P.O. Box Number is Not Acceptable) **2054 BONISLE CIRCLE**  
83 **PALM BEACH GARDENS, FL 33418**  
84 City **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 *Jane Moegerle* - **JANE MOEGERLE VP/REGISTERED AGENT 2-1-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	<b>VD MOEGERLE, JANE S. 2054 BONISLE CIR. PALM BCH. GARDENS FL 33418</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	<b>STD HERRON, CLAUDEENE 3297 CR 664 BOWLING GREEN FL 33834</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	<b>PD SMITH, JOSEPH F. 208 E. ORANGE ST. WAUCHULA FL 33873</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Address</b>
NAME		3.2 NAME	<b>SMITH, JOSEPH F.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>3205 CR 664</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>BOWLING GREEN, FL 33834</b>
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>MOEGERLE, GEREN C. (Dir)</b>
NAME		4.2 NAME	<b>2054 Bonisle Circle</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Palm Beach Gardens, FL 33418</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>HERRON, COHEN (Dir)</b>
NAME		5.2 NAME	<b>3297 CR 664</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Bowling Green, FL 33834</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>SMITH, JOSEPHENE (Dir)</b>
NAME		6.2 NAME	<b>3205 CR 664</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Bowling Green, FL 33834</b>
CITY-ST-ZIP		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: *Joseph F. Smith* (JOSEPH F. SMITH) 1/23/97 (941)375-2905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)