**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **506196** **(5)**

1. Corporation Name

**DIEFFENWIERTH GROVES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| **4535 3RD AVE. N.W.**<br>**NAPLES FL 33999** | **4535 3RD AVE. N.W.**<br>**NAPLES FL 33999** |

3. Date Incorporated or Qualified: **09/01/1976**

3a. Date of Last Report: **03/16/1995**

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

4. FEI Number: **59-1650161** ☐ 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**

**DIEFFENWIERTH, FRANK J.**
**4535 3RD AVENUE, N.W.**
**NAPLES FL 33999**

**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, 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 _____ DATE

Signature required for the named registered agent. (Note: Registered Agent's signature required when not indicating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BAILEY, MARILYN A. | | 1.2 NAME | | |
| STREET ADDRESS | 2001 SOUTH SANFORD AVE. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANFORD FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DIEFFENWIERTH, FRANK J | | 2.2 NAME | | |
| STREET ADDRESS | 4535 THIRD AVE, NW | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 00000 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LOWEN, MARTHELLE D | | 3.2 NAME | | |
| STREET ADDRESS | 6082 113TH AVENUE, N. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PINELLAS PARK, FL 00000 | | 3.4 CITY-ST-ZIP | | |
| TITLE | VD | ☑ DELETE | 4.1 TITLE | VD | ☑ Change ☐ Addition |
| NAME | DIEFFENWIERTH, HAL W | | 4.2 NAME | DIEFFENWIERTH, MARY M. | |
| STREET ADDRESS | 9051 BIG STAR AVENUE | | 4.3 STREET ADDRESS | 9051 BIG STAR AVENUE | |
| CITY-ST-ZIP | ENGLEWOOD FL | | 4.4 CITY-ST-ZIP | ENGLEWOOD, FL | |
| TITLE | TD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COBB, NONA | | 5.2 NAME | | |
| STREET ADDRESS | 65 WHITE MOUNTAIN RD | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WAYNESVILLE, NC 00000 | | 5.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DIEFFENWIERTH, T. F. JR. | | 6.2 NAME | | |
| STREET ADDRESS | 61 WHITE MOUNTAIN RD. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WAYNESVILLE, NC 00000 | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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)(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:** Frank G. Dieffenwierth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 16, 1996
Date

941 455 2437
Daytime Phone #