

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 551597

(8)

1. Name of corporation

FLORIDA ORANGE GROVES, INC.



2. Principal Office of Corporation

1500 PASADENA AVE SOUTH
SOUTH PASADENA FL 33707

3. Mailing Address

1500 PASADENA AVE SOUTH
SOUTH PASADENA FL 33707

2. Principal Office of Corporation

2a. Mailing Address

21. State of Incorporation

26. State of Incorporation

22. City and State

27. City and State

23. Country

28. Country

24. Country

29. Country

Country

9. Name and Address of Current Registered Agent

SHOOK, VINCENT R
505 17TH AVENUE N E
ST. PETERSBURG FL 33701

3. Date incorporated or Chartered
11/21/1977

3a. Date of Last Report
01/19/1995

4. FID Number
59-1805274

Applied For
Not Application

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Numbers Not Acceptable)

83.

84. City

FL 85. Zip Code

11. I, the undersigned, as a duly qualified person under the laws of the State of Florida, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office. I am a resident of the State of Florida and have been duly qualified by the corporation's board of directors to hereby accept the appointment as registered agent. I am

Signature

Print Name and Address of Current Registered Agent

Print Name and Address of New Registered Agent

Date

12.

OFFICERS AND DIRECTORS

[] Delete

D
SHOOK, RAYMOND E. (CHM.B.)
2066 HAWAII AVE. N.E.
ST. PETERSBURG FL
PD
SHOOK, VINCENT R.
505 17TH AVENUE N E
ST. PETERSBURG FL
STD
SHOOK, GLADYS L
2066 HAWAII AVE. N.E.
ST. PETERSBURG FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Add

1. NAME

2. ADDRESS

3. CITY AND STATE

4. ZIP CODE

5. NAME

6. ADDRESS

7. CITY AND STATE

8. ZIP CODE

9. NAME

10. ADDRESS

11. CITY AND STATE

12. ZIP CODE

13. NAME

14. ADDRESS

15. CITY AND STATE

16. ZIP CODE

17. NAME

18. ADDRESS

19. CITY AND STATE

20. ZIP CODE

21. NAME

22. ADDRESS

23. CITY AND STATE

24. ZIP CODE

25. NAME

26. ADDRESS

27. CITY AND STATE

28. ZIP CODE

29. NAME

30. ADDRESS

31. CITY AND STATE

32. ZIP CODE

14. I, the undersigned, certify that the information supplied is true and correct and does not qualify for the exemption stated in Section 199.03(4)(b), Florida Statutes. I hereby certify that the information contained in the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am duly qualified to be the registered agent of the corporation and have been duly qualified by the corporation's board of directors to hereby accept the appointment as registered agent. I am

SIGNATURE:

G. L. Shook G. L. SHOOK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec. Treasurer
Sec. Treasurer

1/20/96
Date

813-347-4025
Phone Number

CR2E034 (12/95)