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Jan 29 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 # **576707** **(4)**

1. Corporation Name
SORRELLS GROVES, INC.

Principal Place of Business	Mailing Address
BOX 551 **ARCADIA FL 33821**	**BOX 551** **ARCADIA FL 34265-0551**

3. Date Incorporated or Qualified: **06/22/1978**
3a. Date of Last Report: **01/25/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-1850127** ☐ 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

SORIA, G. CRAIG, ESQ
2201 RINGLING BLVD
STE 102
SARASOTA FL 34237

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SORIA, CRAIG		1.2 NAME		
STREET ADDRESS	4375 BRANDYWIDE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SORRELLS, OPAL		2.2 NAME		
STREET ADDRESS	225 S HERNANDO		2.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SORIA, LEDANE		3.2 NAME		
STREET ADDRESS	4375 BRANDYWINE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SORRELLS, HOWARD E		4.2 NAME		
STREET ADDRESS	RT 8, BOX 104, TOWNSEND RD		4.3 STREET ADDRESS	1653 SE Townsend Ave	
CITY-ST-ZIP	ARCADIA, FL 00000		4.4 CITY-ST-ZIP	Arcadia,Fl 34266	
TITLE	STD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	SORRELLS, STEVEN		5.2 NAME		
STREET ADDRESS	125 MARSHALL		5.3 STREET ADDRESS	6923 N.W. State 661	
CITY-ST-ZIP	ARCADIA, FL 00000		5.4 CITY-ST-ZIP	Arcadia,Fl 34266	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Steve Sorrells Steve Sorrells STD 1-23-97 941-494-3066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0435304