FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jan 22 1998 8:00am
Secretary of State

DOCUMENT # 576707 (4)

1. Corporation Name
SORRELLS GROVES, INC.

Principal Place of Business	Mailing Address
BOX 551 ARCADIA FL 33821	BOX 551 ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/22/1978

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 59-1850127 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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	1653 SE TOWNSEND AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA, FL 00000		4.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SORRELLS, STEVEN		5.2 NAME	
STREET ADDRESS	6923 N.W. STATE 661		5.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA, FL 00000		5.4 CITY-ST-ZIP	
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 (10/97)

14. I 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 REQUIRED