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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

(4)

DOCUMENT #

1. Corporation Name

SERDYNSKI GROVES, INC.



Principal Place of Business Mailing Address WEST OAK 2900 WEST OAK 2900 P. O. BOX 124 P. O. BOX 124 ALTIPLAS EL 22200										
alturas fl 33820 Us			ALTURAS FL 33820 US				3. Date Incorporated or Qualified 10/18/1978	Date Incorporated or Qualified 3a. Date of Last Report 03/16/1995		
7 1110 961 1 1200 0 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1			Mailing Address				4. FEI Number Applied F			Applied For Not Applicable
Suite, Apt. #,	etc.	26 St	Stife, Apt. #, etc City & State				5. Certificate of Status Desired Status Desired Fee Required			
City & State						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 4			Zip Country 30				This corporation has liability for intangible tax under s 199.032, Florida Statutes			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
					81	Name				
JOHN L SEROYNSKI OAK DRIVE ALTURAS FL 33820					82	Street Add	ess (P.O. Box Number is Not Acceptable)			
					83					
				ŀ	84	Crty		E	85	Zip Code
SIGNATURE	grafine types or protectina ne of registric Lago OF HICERS Af		DRS .	13.		t signature segula	en when renstating! ADDITIONS/CHANGES TO OF	DATE FICERS A		
TITLE NAME STREET ADDRESS	PD SERDYNSKI, JOHN WEST OAK DR 2900 ALTURAS FL					ADORESS			Griai	ige [] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	S Serdynski, vivian West oak dr 2900		DELETE	2 1 T 2 2 N/	1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS				Cha	nge 🔲 Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ALTURAS FL VP SERDYNSKI, TEDDY 2195 OAK DR.		DELETE 3 1		2 4 CITY - ST - ZIP 3 1 TITLE 3 2 KAME 3 3 STREET ADDRESS				Cha	nge 🗌 Addition
CITY - ST - ZiP TITLE NAME STREET ADDRESS	BARTOW FL VP SERDYNSKI,DONALD P.O. BOX 866, NA	SKI,DONALD		34C-1Y-ST 4 1 TITLE 42 NAME 43 STREET A					☐ Cha	nge 🗌 Addition
CITY - ST - ZIP TITLE NAME	AVON PK FL	N PK FL		5 1 T 5 2 N	IAME				Спа	nge Addition
STREET ADDRESS CITY+ST-ZIP TITLE NAME			☐ DELETE		II.E				Cha	nge 🔲 Addition
STREET ADDRESS	y cedify that the information supplie	d with this fil	ına is val ıntarily fu	63S	тнее тту -	T ADDRESS	r for the exemption stated in Section 1	19.07(3)(k)	, Florida S	statutes. I further

Foo nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Forida Statutes: I further certify that the information indicated on this annual report or suppliemental 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:

5-1-96 (941)537-1373