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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 590280

(4)

SERDYNSKI GROVES, INC.

SIGNATURE:

FILED Feb 05 1997 8:00am Secretary of State

Principal Place of Business Mailing Address				L 169101 ANIO 10111 OE110 HOUR WILL SOLI I	heller Medre deller Mitte Heller dener sindt
WEST OAK 2900 P. O. BOX 124 ALTURAS FL 33820		WEST OAK 2900 P. O. BOX 124 ALTURAS FL 33820-0124			
US		US		3. Date Incorporated or Qualified 10/18/1978	3a. Date of Last Report 05/01/1996
2. Principa P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1856403	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	С	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζφ	Country	Z-ip	Country	8. This corporation has liability for i	
24	25] 9. Name and Address of Cur	zent Registered Agent	30	Florida Statutes 10. Name and Address of New Re	Yes No
IOH			81 Name		
		misspelled		OHN L. SER	DYNSKI
OAK DRIVE ALTURAS FL 33820			82 Street Add	dress (P.O. Box Number is Not Acceptab	ele) /
ALIV	UNAS FL 33020		83		/
			84 City		FL 85 Zip Code
11. Pursuant office or r agent Ta	to the provisions of Sections 607.0 registered agent, or both, in the St am famil ar with, and accept the ob	0502 and 607.1508, Florida Statut ate of Florida. Such change was a oligations of, Section 607.0505, Flo	es, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
SIGNATURE					
	Signature, based to profest name of registerion		E: Registered Agent signature requ		DATE
12.	PD	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
TI*LE	SERDYNSKI, JOHN	ר"ו מבניכונ	1.1 TITLE		Change C Addition
NAME	WEST OAK DR 2900		1.2 NAME		
STREET ADDRESS	ALTURAS FL		1.3 STREET ADDRESS		
CITY+S7+ZIP TITLE	S	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	SERDYNSKI, VIVIAN	La Decere	2.2 NAME		
STREET ADDRESS	WEST OAK DR 2900		2.3 STREET ADDRESS		
CITY-S7-ZIP	ALTURAS FL		2. 4 CITY-ST-ZIP		
TITLE	VP	DELETE	3.1 TITLE		Change Addition
NAME	SERDYNSKI, TEDDY		3.2 NAME		
STREET ADDRESS	2195 OAK DR.		3.3 STREET ADDRESS		
CITY- ST-ZIP	BARTOW FL		3.4. CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		Change Addition
NAME	SERDYNSKI,DONALD		4. 2 NAME		
STREET ADDRESS	P.O. BOX 866, NA		4.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PK FL	T beleve	4 4 CHY-ST-ZIP		Charry I Labor.
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ACCRESS			5.3 STREET ADDRESS		
CHY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		LI DULLIE	6.1 TITLE 6.2 NAME		□ ouende □ voornou
NAME.			6.3 STREET ADDRESS		
STREET ADORESS			0.5 STREET MUDRESS		

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