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

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**PROFIT** Feb 18 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # 668222** (3)SANGSTER GROVES, INC. Principal Place of Business Mailing Address 1204 S SCENIC HWY 1204 S SCENIC HWY FROSTPROOF FL 33843-9203 FROSTPROOF FL 33843 3. Date Incorporated or Qualified 3a. Date of Last Report 04/28/1980 02/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1992212 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MAXINE K. SANGSTER 1204 S. SCENIC HWY. Street Address (P.O. Box Number is Not Acceptable) FROST PROOF FL 33843 83 84 City 85 Zip Code provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered red 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 lifat with, and accept the obligations of, Section 602.0605, Florida Statutes. 11. Pursuant to the office or registe SIGNATURE 12. OFFICERS AND DI ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME 1284-8-80ENIO-HWY STREET ADDRESS FROSTPROOF, FE 00000 3380 CITY - S1 - ZIP ☐ DELETE 2 TITLE TITLE SANGSTER, MAXINE 2.2 NAME NAME 1204 S SCENIC HWY STREET ADDRESS 2.3 STREET ADDRESS FROSTPROFF, FL 00000 2. 4 CITY - ST - ZIP C TY - ST - ZIP Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS C TY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CIY-SI-ZIP 4.4 CITY - ST - ZIP Addition DELETE Channe TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 Statules; and that my name

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