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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 674821 (4)

1. Corporation Name
OLIVENBAUM GROVES, INC.

500001466175
-04/27/95--01025--017
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
9046 S. Hwy 561 CLERMONT FL 34711 Us	10933 BRONSON RD. CLERMONT, FL 34711 US

3. Date Incorporated or Qualified: 06/24/1980
3a. Date of Last Report: 03/01/94

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2011495 ☐ 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. *The corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLIVENBAUM, AXEL F. 10933 BRONSON ROAD CLERMONT, FL 34711	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/V/T	11 TITLE		☒ Change ☐ Addition
NAME	OLIVENBAUM, ENID A.	12 NAME		
STREET ADDRESS	9246 S.LAKE SHORE DR.	13 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 00000	14 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D/P	21 TITLE		☒ Change ☐ Addition
NAME	OLIVENBAUM, AXEL F	22 NAME		
STREET ADDRESS	10933 BRONSON ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 00000	24 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	G/D	31 TITLE		☒ Change ☐ Addition
NAME	BRADDOCK, ANNA DOROTHY	32 NAME		
STREET ADDRESS	9046 S. HEY.561	33 STREET ADDRESS	301 MAIN ST.	
CITY-ST-ZIP	CLERMONT, FL 00000	34 CITY-ST-ZIP	MINNEOLA, FL 34755	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

LW 4-21-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: _____ 04/13/95 (904) 394-4328
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN Date Daytime Phone #
AXEL F. OLIVENBAUM PRES