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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # F35956 **(4)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:38

1. Corporation Name
OKAHUMPKA GROVES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O J BRANTLEY SCHIRARD 1108 TRINIDAD AVE FT PIERCE FL 34982-6117	C/O J BRANTLEY SCHIRARD 1108 TRINIDAD AVE FT PIERCE FL 34982-6117

3. Date Incorporated or Qualified: 05/22/1981
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business	2a. Mailing Address
21 3001 Beardall Ave.	26 P.O. Box 670
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City/State: Sanford, FL	28 City/State: Sanford, FL
24 Zip: 32772 25 Country	29 Zip: 32772 30 Country

4. FEI Number: 59-2110559 ☐ 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 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
SCHIRARD, J BRANTLEY 1108 TRINIDAD AVE FT PIERCE FL 33450	81 Name: SCHIRARD, JOHN H. 82 Street Address (P.O. Box Number is Not Acceptable): 101 W. Crystal Dr. 83 84 City: Sanford, FL FL 85 Zip Code: 32772

11. Pursuant to the provisions of Section 607.0502 and 607.0505, 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: John H. Schirard 3/10/95
(Required) (Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SCHIRARD, J BRANTLEY	12 NAME	
STREET ADDRESS	1108 TRINIDAD AVE	13 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	Vice-Pres. ☐ Change ☐ Addition
NAME	SCHIRARD, JOHN H	22 NAME	SCHIRARD, JOHN H.
STREET ADDRESS	COUNTRY CLUB ROAD	23 STREET ADDRESS	101 W. Crystal Dr.
CITY-ST-ZIP	SANFORD FL	24 CITY-ST-ZIP	Sanford, FL 32772
TITLE	STD	31 TITLE	Sec.-Treas. ☐ Change ☐ Addition
NAME	SCHIRARD, JOHN H JR	32 NAME	SCHIRARD, JOHN R.
STREET ADDRESS	COUNTRY CLUB ROAD	33 STREET ADDRESS	105 W. Crystal Dr.
CITY-ST-ZIP	SANFORD FL	34 CITY-ST-ZIP	Sanford, FL 32772
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	Vice-Pres. ☐ Change ☐ Addition
NAME		52 NAME	SCHIRARD, S. Michael
STREET ADDRESS		53 STREET ADDRESS	LOCH ARBOR COURT
CITY-ST-ZIP		54 CITY-ST-ZIP	Sanford, FL 32772
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is true. For profit corporations, I am aware that false information submitted in a report is a violation of s. 817.155, Florida Statutes. I further certify that the information indicated on this report or supplemental requests to it 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 by an amendment to this report.

SIGNATURE: John H. Schirard 407/382-1871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN H. SCHIRARD V/P 3/10/95

607A430 CP