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Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F35956

(4)

1. Corporation Name

OKAHUMPKA GROVES, INC.



Principal Place of Business

Mailing Address

3001 BEARDALL AVE
1300 TRINIDAD AVE
SANFORD FL 32772
US

P O BOX 670
1400 TRINIDAD AVE
SANFORD FL 32772
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1981

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHIRARD, JOHN H
101 W CRYSTAL DR
SANFORD FL 32772

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

City

84

State

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

S. M. Muth
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

PD
NAME SCHIRARD, J BRANTLEY
STREET ADDRESS 1108 TRINIDAD AVE
CITY-ST-ZIP FT PIERCE FL

TITLE ☒ DELETE

VP
NAME SCHIRARD, JOHN H
STREET ADDRESS 101 W CRYSTAL DR
CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE

ST
NAME SCHIRARD, JOHN R
STREET ADDRESS 105 W CRYSTAL DR
CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE

VP
NAME SCHIRARD, S. M
STREET ADDRESS LOCH ARBOR COURT
CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE

NAME *Shendy K. Schirard*
STREET ADDRESS *105 Crystal Drive, Loch Arbor*
CITY-ST-ZIP *Sanford, Florida*

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *S. M. Muth* (Sandra Muth) *Shendy K. Schirard* (Shendy K. Schirard) *April 14, 1998* *407 8xx 184*

CR2E034 (10/97)