

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F53261 (6)

1. Corporation Name
ALEX ROSBOUGH GROVES, INC.



Principal Place of Business
LAKE TRAFFORD ROAD
P.O. BOX 913
IMMOKALEE FL 33934

Mailing Address
LAKE TRAFFORD ROAD
P.O. BOX 913
IMMOKALEE FL 33934

3. Date Incorporated or Qualified 11/09/1981
3a. Date of Last Report 04/24/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2196938	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent

ROSBOUGH, IRMA R
BOX 913, LAKE TRAFFORD RD
IMMOKALEE, FL
33934

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSBOUGH, IRMA R	
STREET ADDRESS	LAKE TRAFFORD RD, 1703	
CITY - ST - ZIP	IMMOKALEE, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KING, MARILYN R	
STREET ADDRESS	RT 1 BOX 115A	
CITY - ST - ZIP	IMMOKALEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GROSS, JOANNE R	
STREET ADDRESS	RT. 1, BOX 115-B	
CITY - ST - ZIP	IMMOKALEE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KING, DALE E	
STREET ADDRESS	RT 1 BOX 115A	
CITY - ST - ZIP	IMMOKALEE FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	ROSBOUGH, MARJORIE L	
STREET ADDRESS	17517 ORIOLE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GROSS, BRIDGETTE L.	
STREET ADDRESS	3103 WHIDDEN LOOP ROAD	
CITY - ST - ZIP	IMMOKALEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	ATD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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: *Marjorie Lynn Rosbough*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 941 267 7015
Date Daytime Phone #

CR2E034 (12/95)